

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

**1A-1. CoC Name and Number:** NH-500 - New Hampshire Balance of State CoC

**1A-2. Collaborative Applicant Name:** State of New Hampshire

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** State of New Hampshire

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	No	No	No
7.	Disability Service Organizations	No	No	No
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No	No	No
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1. BOSCOCC communicates the member invitation process annually in writing & verbally. Written invites occur in the Bureau of Housing Supports (BHS) email update w/no restrictions on distribution list. BHS posts an open invite for new members using Facebook & BOSCOCC section of BHS website. Verbal invitations occur during regional meetings w/housing & services providers, during COC monitoring visits, & during other program specific meetings BOSCOCC members attend, including meetings in partnership w/ESG jurisdiction. New in 2021, the BOSCOCC shared the invitation both verbally at an in person meeting, & in writing, to the members of the NH Governor's Council on Housing Stability (CHS). All invitations include the request to share the invitation widely w/external networks. 2. All invites to new members to the BOSCOCC offer a staff contact should anyone need communication accommodations eg. interpretation, translation, deaf/hard of hearing assistance, or other assistance to access materials like providing hard copies of the materials vs. digital copies. W/5 days notice, BOSCOCC can provide



communication accommodations for BOSCOCC & subcommittee meetings. 3. BOSCOCC has partnered with the NH CHS to create a Statewide Lived Experience Advisory Board. Starting with the Youth Action Board, the BOSCOCC has engaged 8 youth with lived experience, who are voting members of the BOSCOCC. BOSCOCC leadership has joined the Partnering with People with Lived Experience learning collaborative to get technical assistance with improving the BOSCOCC outreach efforts to persons experiencing homelessness. 4. BOSCOCC partnered w/the DHHS Office of Health Equity (OHE), and the COVID-19 Equity Task Force to extend an invitation to join the BOSCOCC to organizations serving culturally specific communities experiencing homelessness. OHE and the Equity Task Force shared the invitation with their member agencies, along with a request to contact BOSCOCC leadership if they would like to receive more information.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

**(limit 2,000 characters)**

1 BOSCOCC staff integrate into the community to solicit feedback, share updates & raise awareness of steps to end/prevent homelessness. Staff attend regional coalitions to end homelessness to share info, solicit feedback on BOSCOCC efforts to respond to identified needs & prioritize resources, & report feedback to BOSCOCC. BOSCOCC considers feedback & votes on changes as needed. BOSCOCC provides quarterly updates to the Consolidated Plan planning group. BOSCOCC through listserv & staff encourages non-participating community members to attend BOSCOCC mtgs to provide direct feedback into decisions impacting the homeless system. In Nov 2019, the NH Governor's Council on Housing Stability (CHS) was created. CHS is a 40 member council and includes homeless/housing providers, CoC leadership, DHHS leadership, municipal welfare, law enforcement/corrections, education, employment, veteran services, and many others. BOSCOCC leadership were appointed Council members, and led the Housing Instability and Homelessness Systems (HIHS) workgroup. BOSCOCC solicited feedback through the HIHS workgroup from Council members, homeless services providers, people w/lived experience, and mayors from each of NH's 13 cities. Feedback was integrated into the CHS Strategic Plan. 2. BOSCOCC staff attend mtgs & email local leaders to request agenda time. COC staff send policy, procedures, federal guidance, or local documents to local groups to provide comment. BOSCOCC email list is utilized to notify about upcoming decisions. BOSCOCC presented to the CHS in full council meetings and the HIHS workgroups information about BOSCOCC activities/projects. 3. BOSCOCC staff reports to BOSCOCC co-chair biweekly to ensure info is shared timely. Outreach has led to new members from an under-served area's housing coalition to help inform CoC Planning. Updates are included in COC email updates & social media & included on BOSCOCC

agendas to inform decision-making. Feedback is discussed w/members before decisions are final.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1 BOSCOC gave advance notice the local competition was opening by sharing info through BOSCOC listserv, & posted on Collaborative Applicant Facebook page that HUD notice of funding was released. BOSCOC shared the formal request for applications (RFA) along w/all supporting documents through email to the listserv, posted on BOSCOC section of the NH DHHS website, & posted on BHS Facebook page. Also, the detailed info was provided in a virtual BOSCOC meeting that was open to the public. 2 All written communication includes statement "BOSCOC encourages all eligible applicants to submit an application, even if your agency has not applied or received funds in the past. Please pass along this funding opportunity to your mailing lists and other eligible applicants". BOSCOC sent the announcement to partner program areas including adult & children's behavioral health, PHAs, Federally Qualified Health Centers, & others, & requested that the announcement be shared w/their mailing lists. 3. Written RFA document distributed thru multiple communication channels included detailed info about how to submit both renewal & new project applications to the BOSCOC. This info was also reviewed during a BOSCOC virtual meeting on 9/1/21. 4. BOSCOC Rank & Review Policy for the CoC competition was distributed w/request for applications. This policy provides detailed info about how new & renewal projects are scored & ranked. Also included in this communication were the scoring tools for both new & renewal project applications so applicants could see exact criteria for scoring applications. 5. All invites to apply for funding from the BOSCOC offer a staff contact should anyone need alternate formats or communication accommodations eg. interpretation, translation, deaf/hard of hearing assistance, or other assistance to access materials like providing hard copies of the materials vs. digital copies. W/5 days notice, BOSCOC can provide communication accommodations for BOSCOC & subcommittee meetings.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1 Bureau of Housing Support (BHS) is Collaborative Applicant for BOSCO, & is the ESG Program Recipient in the BOSCO. Planning for the current Con-Plan was concurrent w/ESG-CV planning. 8 listening sessions were held over a 5 month period, including 1 formal public hearing. Citizen participation included an online survey to ESG subrecipients, constituents, partners, interested parties, & others including shelter guests. Feedback & discussion happened about: NH ESG program design, policies/procedures, expected available funds & allocation examples, process for evaluating outcomes, performance standards, review of racial disparity data, & crosswalk for uses of CV federal funding to best leverage ESG & ESGCV funding. 2. BHS, in partnership w/BOSCO, adopted ESG policies/procedures that were adopted into BOSCO Written Standards. Performance benchmarks include the reduction of time spent homeless, increased exits to permanent housing, increased housing retention or positive PH exits for HP & reduction of returns to homelessness. BOSCO ESGCV subrecipients complete the Consolidated Annual Performance Evaluation Reports (CAPERs) quarterly for CV & annually for annual ESG. ESG updates are shared annually w/BOSCO during a general membership meeting. 3. BHS distributes the Point in Time count & Housing Inventory Count to Con Plan jurisdiction members through BOSCO listserv, which open to everyone. 4. BOSCO leadership sits on the NH Housing & Community Development Planning Council; a steering committee providing consultation on NH's Consolidated Planning process consisting of public & private housing representatives, government & nonprofit social service agencies. As COC lead & ESG State Recipient, BHS provides info for Con Plan updates so homelessness is addressed w/updated action steps. BHS shares annual CAPER, Action Plan & Con Plan amendments as needed in conjunction w/NHHFA & CDFA to ensure prioritized resources & response to needs w/in the homeless response system.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1 The BOSCOC collaborates with youth education providers through the Youth Homelessness Subcommittee, and the DHHS Early Childhood Integration Team (ECIT). The BOSCOC Youth Homelessness Subcommittee includes McKinney-Vento homeless liaisons from several districts within the BOSCOC, and other youth education providers such as Head Start directors and school guidance counselors/social workers, and is guided by the subcommittee's Mission, which follows the USICH Framework to End Youth Homelessness. The ECIT focuses on younger children having access to quality resources and supports within their communities, and has partners including the BOSCOC, Early Headstart, Pre-school development staff, and childcare staff. 2. The Youth Subcommittee partnerships are formalized through the BOSCOC Governance Charter, and the BOSCOC YHDP Coordinated Community Plan (CCP) team. ECIT partnerships are formalized through a committee charter, which identifies the membership and ECIT goals. 3. The Department of Education Director of the Office of Homeless Education represents the SEA on the BOSCOC Youth Homelessness Subcommittee, and McKinney-Vento liaisons from multiple districts represent LEAs from the BOSCOC geography. The SEA and LEAs are part of the YHDP Core Leadership team, which is the decision making team for the YHDP CCP development. BOSCOC YHDP lead meets monthly with the SEA lead. 4. Partnerships between BOSCOC and the SEA and LEAs are formalized through the Youth Homelessness Subcommittee and the YHDP CCP Team charters. 5. BOSCOC partnered with 4 school districts, including the superintendents, homeless liaisons, and other school staff, to coordinate and plan a pilot youth count for October 2021. This partnership will be used as a model for other school districts moving forward. 6. Partnerships between

BOSCOC and school districts are formalized through the Youth Homelessness Subcommittee and the YHDP CCP Team charters.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

Per the BOSCOC Written Standards, all projects serving families with children must demonstrate that they have established policies and practices that are consistent with the McKinney-Vento Act, and other laws relating to education and related services for homeless individuals. This includes requirements to inform homeless families and youth of their eligibility for McKinney Vento education services during program intake, not requiring children to enroll in new schools as a condition of program entry, not establishing program requirements that prohibit children from remaining in their school of origin, and developing relationships with colleges to access higher education services specifically for homeless youth per the Higher Education Act. The BOSCOC Written Standards also require projects serving families with children to designate a staff person to ensure that children are enrolled in school and connected to services in the community including Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. The Department of Education Director for the Office of Homeless Education is a member of the BOSCOC Youth Subcommittee, along with several McKinney-Vento homeless liaisons from NH school districts. Through this partnership, the BOSCOC has received training on education services available to students experiencing homelessness. The BOSCOC reviews subrecipient policies and practices during annual onsite program monitoring. The BOSCOC was selected as a Youth Homelessness Demonstration Program community during Rounds 4 and 5. BOSCOC leadership has engaged with the National Center for Homeless Education through YHDP technical assistance to further improve the collaboration between the BOSCOC and NH's Education for Homeless Children and Youths program.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes

5.	Federal Home Visiting Program—including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Annual Training—Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1. The New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) is the Victim Services Provider Coalition for the BOSCO. NHCADSV provides monthly training to its' 12 member agency crisis centers serving survivors of Domestic and Sexual Violence(DV) on victim centered advocacy and trauma informed care. NHCADSV and its crisis centers partner with BOSCO agencies including (but not limited to) Community Action Programs, Public Housing Authorities, PSH and RRH projects, emergency shelters to have ongoing trainings and support to work with survivors of DV. NHCADSV's Trauma Informed Services Specialist supports the BOSCO through trainings such as Children Exposed to Trauma, Mental Health and Trauma, and Substance Misuse and Trauma, and homelessness and the intersection of domestic and sexual violence. Annual trainings are presented to the full BOSCO, and are available to smaller group or agency specific trainings as requested. All staff at the 12 crisis centers complete 30 hours of rigorous and comprehensive training when hired. The foundation of this training is trauma informed and empowerment-based, preparing advocates to provide supportive services to survivors such as safety planning, accompaniments to hospitals, police departments, and child advocacy centers, assistance with filing protection orders, support at court hearings, emergency shelter and housing, and support groups. These staff can provide 1:1 support for BOSCO partners as requested. 2. The BOSCO added a DV specific Coordinated Entry (CE) program in 2019. BOSCO provides monthly technical assistance and training to the DV CE program staff. The NHCADSV Trauma Informed Services Specialist holds monthly meetings with the crisis center shelter managers and staff, and the DV CE staff to facilitate ongoing support and trainings on survivor-centered best practices in housing. NHCADSV provides annual training to BOSCO general CE staff on safety and best practices in working with survivors.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

The Bureau of Housing Supports (BHS), as the CoC Collaborative Applicant and HMIS lead for the Balance of State CoC has provided technical assistance in partnership with the Institute for Community Alliances (ICA), the HMIS System Administrators, to the NH Coalition Against Domestic and Sexual Violence (NHCADSV) to ensure we have aggregate data from a fully compliant comparable database . The NHCADSV Data Projects Coordinator pulls data from Apricot to analyze statewide trends, while each of the 12 member agency crisis centers is able to pull their own data to analyze local trends. De-identified aggregate data is used for planning purposes to guide and informs NHCADSV and the BOSCOG on the current climate and concerns facing survivors of domestic, dating and sexual violence, stalking and human trafficking, and informs programming, identifies gaps in services, resources and training needs, advocates for survivors in public policy, and builds awareness in the community around the trends. De-identified aggregate data is used for ESG reporting, and CoC APRs. NHCADSV was previously using EmpowOR as their database, however, after reviewing the 2021 HMIS Data Standards, it became clear that EmpowOR was not truly a comparable database. NHCADSV consulted with The National Network to End Domestic Violence and The Danu Center's Confidentiality Institute to determine the best option to meet the comparable database requirements, and to ensure confidentiality and safety for survivors. NHCADSV officially launched the Apricot database on July 1, 2021. During the planning and transition period, the BOSCOG, ICA, and NHCADSV held 2 meetings to ensure all required data elements were included in the comparable database, and that the NHCADSV had the training to support collecting those data elements.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1. BOSCOG partners w/the NH Coalition Against Domestic & Sexual Violence (NHCADSV) to prioritize safety for survivors who enter the homeless services system through any door. In 2019, BOSCOG DV Coordinated Entry (CE) project launched. DV CE project immediately assesses for safety before doing a housing needs assessment, & staff connect survivors w/the crisis centers.



Partnerships w/local Law enforcement under the NH Lethality Assessment Program (LAP) identifies high risk DV victims & provides immediate crisis support for safety planning, information & resources. Non-DV CE staff are trained to safely assess for DV, and how to refer to the DV CES as requested by the survivor. 2. BOSCO has an Emergency Transfer Plan for victims of DV, dating violence, sexual assault or stalking incorporated into the BOSCO Policy & Procedure Manual in accordance w/the Violence Against Women Act. The plan was create w/NHCADSV, & all BOSCO subrecipients are trained on how to use the emergency transfer plan. BOSCO CES policy & procedure manual provides guidance to Victim Services Providers (VSP) & non-VSPs on how to safely refer survivors between programs should the survivor need to transfer. 3. NHCADSV staff, as Victim Services Providers (VSPs), have privileged confidentiality under NH RSA 173-B & confidentiality is always a consideration with all assessments & communication w/COC partners. Non-VSP providers follow the confidentiality provisions in the Violence Against Women's Act Nondisclosure of Confidential or Private Information, the BOSCO Policy & Procedure Manual, & CES Manual. Written release of info (ROI) for 3rd parties is required for any disclosure of the survivor's identifying information & is limited to the client concerns, not a blanket release, to ensure confidentiality. The survivor determines the expiration of the ROI & may terminate the ROI at any time. VSPs enter into a comparable database, & when interacting w/CE and HMIS use database ID not survivors' identities.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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NH Housing Finance Agency	13%	Yes-HCV	Yes
Portsmouth Housing Authority	30%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1 The BOSCOG has working relationships with New Hampshire Housing Finance Authority (NHHFA), largest Housing Authority, and Portsmouth Housing Authority (3rd largest). NHHFA has adopted a homeless admission preference for the Housing Choice Voucher program and the Mainstream Voucher Program. In February 2021, NHHFA and the BOSCOG entered into a Memorandum of Understanding for a Moving-On initiative for people coming out of a CoC Program funded Permanent Supportive Housing project into a Mainstream Voucher. The Portsmouth Housing Authority (PHA) is the 3rd largest in NH, and has a positive working relationship with the BOSCOG. PHA has a limited homeless preference for their Section 8 Voucher program for people who are referred from a list of BOSCOG partner agencies. The BOSCOG partner agencies provide supportive services to assist people with completing the housing application and through the moving period to ensure a successful transition. This preference has resulted in 30% of new admissions into PHA housing being people who were experiencing homelessness upon admission. 2. N/A The CoC does work with PHAs in the geographic areas.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
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NOFO Section VII.B.1.g.

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
--	-----

1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1. The inclusion of PHA funded units in the BOSCOG Coordinated Entry System was a pilot this year through the Emergency Housing Vouchers (EHV) administered by NH Housing Finance Authority (NHHFA). While participation in the CES process through the COC was a requirement for EHV, there was not a process in place, which provided an opportunity for the BOSCOG to implement a process, and assess how it worked. Using the existing CES manual for the BOSCOG, EHV vouchers were built into the prioritization and referral process. A dedicated staff member was the liaison between NHHFA and referring partners. This staff person reviewed all applications, verified that the applicant's homeless status was an eligible category using HMIS and consultation with the DV CE provider through their comparable database, and verified the applicants' entry into the CES. Applications were accepted on a rolling basis until all openings were filled. At the end of each week, eligible applications were prioritized using the CES Prioritization List, and the DV CE Prioritization list in partnership with the DV CE project. Because these vouchers did not come with supportive services, people who ranked highest on the Prioritization List based on vulnerability were not considered appropriate referrals for these vouchers. 2. The process for including EHV units in the BOSCOG Coordinated Entry System was formalized in an MOU between NHHFA and the BOSCOG.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
---	-----

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1. BOSCOB submitted joint applications w/NH Housing Finance Authority for the Family Unification Program (FUP) – 135 vouchers, & w/the Concord, Keene & Rochester Housing Authorities, & NHHFA for the Foster Youth to Independence (FYI) Initiative. An application is pending for FYI w/the Dover Housing Authority. 2. All of the applications, w/the exception of FYI w/the Dover Housing Authority, which is pending, have been approved. 3. FUP vouchers provide an additional tool to the BOSCOB to prevent families from being separated due to homelessness. Through FUP, Housing Choice Vouchers(HCVs) are provided to families for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child(ren) in out-of-home care, or is a primary factor in delaying the discharge of the child(ren) to the family from out-of-home care. In collaboration w/BOSCOB, NHHFA administers FUP w/DCYF, which determines FUP family & youth eligibility for rental assistance by determining whether the family/youth meets HCV program eligibility requirements. DCYF provides supportive services to FUP youth for 18 months via adolescent worker staff in both child protection & juvenile justice from DCYF. FYI provides housing assistance to young people aging out of foster care who are at extreme risk of experiencing homelessness, diverting them from entering the homeless system. When vouchers are issued but units are hard to find, DCYF allows youth to remain in their foster homes until a unit is secured, preventing the youth from entering into homelessness. FYI offers HCVs to young adults under the age of 25 who are leaving, or recently left, the foster care system into homelessness. Through these partnerships, families & youth are able to obtain permanent housing, while receiving services necessary to help achieve self sufficiency. Examples of the skills targeted by these services include money management skills, job prep, & educational counseling.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
NH Housing Financ...

## **1C-7e.1. List of PHAs with MOUs**

**Name of PHA:** NH Housing Finance Authority

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	20
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	95%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The BOSCO Policy and Procedure Manual outlines requirements for following a Housing First approach. Each year, the BOSCO evaluates projects using the USICH Housing First Checklist: Assessing Projects and System for a Housing First Orientation to do a quick assessment of whether and to what

degree housing programs-and entire systems- are employing a Housing First approach. Annual project monitoring includes a review of the subrecipient agencies policies and procedures to see how a Housing First Approach is implemented, including ensuring service participant is not a requirement for participants. Projects are reviewed to ensure that there are no barriers to entry when they have adopted a Housing First Approach. This includes ensuring policies and procedures adopt a client-centered service methods The COC reviews project level eligibility criteria and works with subrecipient agency to remove any barriers to accessing housing and services. When a project committed to a Housing First approach and is not implementing it a corrective action plan is issued to that agency and technical assistance is provided to that agency to review policies and procedures, and effectively ensure a Housing First Approach. The BOSCO and subrecipient agencies have been actively working on identifying and recruiting landlords so when a household needs housing, units have been identified, therefore decreasing the length of time homeless. The COC has adopted a termination policy, which does not allow projects to termination COC project participants for use of drug or alcohol, non-payment of rent without an opportunity for repayment or interventions to assist the client. All projects are expected to accept referrals through the Coordinated Entry System, which prioritizes the most vulnerable based on HUD CPD notice 16-01, and 17-01. In addition, during the annual COC Program Competition, new and renewal project scoring tools includes points for adopting housing first policies and practices.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1. Daily homeless outreach is conducted w/multidisciplinary stakeholders community wide to ensure comprehensive coverage & identification of all people living unsheltered in CoC. Multiple sources fund street outreach to canvas known locations, build rapport to identify new locations & to engage all subpopulations including Veteran & Youth specific staffing. Street outreach efforts are coordinated w/the network of programs, services, or staff who encounter people experiencing unsheltered homelessness, but whose primary focus is not homelessness. Examples include police & fire departments,

Substance Use Disorder providers, health networks, faith-based organizations, Medicaid managed care organizations, etc. 2. 100% of the BOSCOG geography is covered by street outreach by multiple funding sources. 3. BOSCOG Street outreach occurs in urban areas daily & more rural areas weekly to monthly thru coordinating outreach teams efforts strategically to conduct targeted outreach to known & newly reported encampments on at least a biweekly basis. 4. Outreach workers assess persons experiencing homelessness & build rapport by addressing urgent physical needs (providing meals, blankets, clothes, or toiletries) & providing useful referrals to meet self-identified needs to resolving housing situation. Outreach collaboratives are hosted w/in Local Service Delivery Networks to ensure coordinated efforts & innovative engagement strategies including many perspectives to have a client centered, culturally responsive lens. Low barrier access to services helps engage for those most unlikely to ask for services. Outreach training includes Motivational Interviewing, Trauma Informed Care, and Harm Reduction practices to promote effective engagement. All outreach providers have a Limited Eng Proficiency plan detailing how to provide language accommodations to meet population's needs, including interpreters, Language Line, sign language interpreters, & others as appropriate in their community.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	181	241

1C-13.	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	



Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. BOSCO, through a partnership w/NH's Dept of Health & Human Services (DHHS), provides 1:1 training to member agencies on mainstream program options, eligibility, & application process so they can assist persons experiencing homelessness. BHS staff are directly connecting eligibility staff w/project staff to streamline the application process. Mainstream benefit staff present at BOSCO meetings to share changes in programs & eligibility. In high volume regions, BOSCO programs have connected w/a dedicated benefits eligibility specialist to improve access to program participants. 2. Updates on the availability and changes to mainstream programs are shared through biweekly BHS email updates, through BHS Social media postings, at bi-monthly BOSCO meetings, & through quarterly trainings offered to street outreach, emergency shelter, ESG, & COC Program staff. 3. BOSCO has formed a partnership w/NH's Managed Care Organizations (MCO) Housing Coordinators & the Federally Qualified Health Centers (FQHCs) in 2 areas of the BOSCO to ensure participants are offered assistance with enrolling in health insurance. BOSCO is working to expand the Healthcare for the Homeless program to FQHCs in each county to ensure access across the entire BOSCO geography. 4. BOSCO provides individual assistance to projects to ensure enrollment in Medicaid for eligible participants and then ensuring projects are providing referrals to needed services that Medicaid and other benefits may cover. BHS, the Collaborative Applicant for BOSCO, has submitted a 1915(i) State Plan Amendment to CMS for a Supportive Housing Medicaid benefit for pre-tenancy and tenancy supports. The Corporation for Supportive Housing will be providing technical assistance and training for BOSCO providers on how to utilize this benefit for program participants. NH DHHS Bureau of Family Assistance leadership staff presented to the BOSCO

during a general assembly meeting to review how to access benefits.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1.	covers 100 percent of your CoC's geographic area;
2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1. BOSCOG Coordinated Entry (CES) coordinates access to housing for people who are homeless/at risk of homelessness in the entire BOSCOG geography w/multiple CES entry points where people are assessed and referred to the Regional Access Point for further assistance. 2. Outreach staff under ESG, PATH, SSVF, RHY, CoC or other funding sources are tasked w/locating & engaging the hardest to reach homeless, including unsheltered, people w/substance use disorder or mental illness, & those w/criminal history. Limited English Proficiency plans on file at CES access points ensure the ability to serve people who speak English as a 2nd language, are deaf/hard of hearing, have limited vision, or any other communication access challenge. With ESG-CV, BOSCOG expanded outreach to ensure people who are least likely to apply connect with services. Through YHDP, BOSCOG has formed a partnership with an LGBTQIA+ agency, who refers unsheltered clients to our outreach programs. 3. The CoC adopted HUD's Notice CPD 16-11, prioritizing people experiencing chronic homelessness & other vulnerable populations, for all projects to ensure those most in need get access to available resources. At CES entry people complete a Prevention & Diversion screen. If not diverted from homelessness, an assessment is done to determine barriers to exiting homelessness, and then people are assessed for vulnerabilities & severity of needs using the COVID-19 risk assessment. Prioritization List referrals are based on vulnerability score which considers disability status, substance use, criminal records, income & length of time homeless. Other households receive community referrals& basic housing search assistance to help them exit homelessness. 4. Expanded outreach has improved the BOSCOG's ability to provide assistance in a timely manner. Through frequent contact, BOSCOG ensures the most vulnerable are on the Prioritization list, and are better able to find those most in need of assistance for housing openings.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	<b>Racial Disparities Assessment Results.</b>	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	No
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	<b>Strategies to Address Racial Disparities.</b>	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

The COVID-19 pandemic highlighted the growing racial disparities in the homeless services system within the BOSCO, and the lack of clear training on how to assess for equity and respond to disparities leading up to the pandemic. BOSCO began assessing racial disparity data on a monthly basis to track any changes, and found an increase in people that identified as Black or African American accessing homeless assistance programs. BOSCO leadership participated in weekly calls with DHHS program leadership staff that focused on Coordinating Supportive Services to Families due to COVID-19. While these meetings were focused on families, the practices could be applied to individuals as well. Agenda items included assessing the impact of COVID through an equity lens, using data to drive understanding and solutions, generate and implement cross-systems solutions, monitor change and adapt solutions as needed, and assessing equity across all social determinants of health. Through this team, BOSCO leadership established a relationship with the DHHS Office of Health Equity, and the DHHS Division of Public Health COVID-19 Equity Task Force. These partnerships have provided training opportunities for BOSCO leadership on topics including best practices in language for collecting equity data elements, the intersection between racial disparity in other systems and the impact on racial disparities in the homeless services system, and the importance of cross system partnerships to resolve racial disparities “upstream” before people that identify with an over represented population end up in the homeless services system. These trainings are the first steps that have been taken to identify the areas that need improvement, and will inform the next steps for the BOSCO in the coming year.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	7	4
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	7	5
3.	Participate on CoC committees, subcommittees, or workgroups.	7	4
4.	Included in the decisionmaking processes related to addressing homelessness.	6	5
5.	Included in the development or revision of your CoC’s local competition rating factors.	3	3

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	No
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
NOFO Section VII.B.1.q.		
Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:		
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1 BOSCOC worked w/state/local public health to integrate infection control practices in the homeless service system. Policies, procedures & manuals for ESG & COC programs were revised to include updated guidance. Outreach provided safety/prevention education to people in unsheltered situations based on CDC guidance (social distancing/hygiene protocols) & provided items to meet physical/safety needs such as portable bathrooms, handwashing stations & showers, blankets, boxed meals, water, PPE (hand sanitizer, soap, tissues, face masks/shields, disposable gloves, sneeze guards), tents/tarps for decompressing encampments, transportation for program participant travel to/from medical care. COVID-19 safety content was posted in strategic places. BOSCOC partnered w/state/local law enforcement & the Dept of Trans on CDC best practices for encampments such as not clearing encampments, sanitation practices, sharps containers/pick up, safety training for outreach providers & collaborative outreach. BHS, Collaborative Applicant for BOSCOC, operated an Isolation/Quarantine shelter for people experiencing unsheltered & sheltered homelessness in BOSCOC geography. 2. BOSCOC supported congregate emergency shelters in developing safety protocols for masking, social distancing, handwashing education, etc. Public Health staff provided ongoing consultation to ensure mitigation efforts were properly implemented, & access to rapid COVID tests. Using CARES Act funds, the 3 largest shelters in BOSCOC opened decompression shelters to implement safety protocols. DV shelters received hotel funding to support decompression while also ensuring safety & confidentiality of survivors. This ensured that people fleeing DV had safe & confidential access to coordinated entry & sheltering process. BHS operated an Isolation/Quarantine shelter for people experiencing unsheltered &

sheltered homelessness across BOSCOG geography. 3 BOSCOG does not have transitional housing projects w/in the geography.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

BOSCOG had an existing relationship with the NH DHHS Division of Public Health Services (DPHS) due to the Hepatitis A outbreak of 2019. Those existing relationships w/the Bureau of Infectious Disease Control in DPHS allowed for a rapid partnership through the COVID-19 response. Through this partnership, BOSCOG was able to establish new partnerships w/the Regional Public Health Networks (RPHNs) in NH, the Emergency Services Unit (ESU) under DPHS, the Bureau of Emergency Preparedness, Response, and Recovery under DPHS, & the NH Division of Homeland Security and Emergency Management. By establishing relationships at the leadership level, local relationships were established between community based emergency response teams & CoC providers. The Bureau of Emergency Preparedness, Response and Recovery added BOSCOG leadership members to their emergency communication chain to ensure BOSCOG has up to date DPHS communications going forward. The Bureau is meeting with BOSCOG leadership to support regional winter planning efforts to support emergency shelter operations & street outreach teams during severe weather. All outreach teams in the BOSCOG, regardless of funding source, have been connected with the RPHNs and in some cases with the Federally Qualified Health Centers. The local partnerships allow for a more targeted, individualized approach based on regional needs. Additional emergency response partnerships that were either established or strengthened w/BOSCOG throughout the COVID-19 response include law enforcement both at the State & local level, fire departments/first responders, Corrections, and w/faith based community. Shelter providers now know how to contact their local RPHN for support w/public health emergencies. All homeless service providers in the BOSCOG have been encouraged to contact the Collaborative Applicant if there is a public health situation they do not know how to manage, and the Collaborative Applicant has been able to facilitate those connections.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

BHS is the Collaborative Applicant for BOSCO, & is the ESG Recipient for the State of NH. 1. BOSCO & ESG-CV coordinated to prioritize funds for shelter decompression, quarantine/isolation locations & rapid rehousing to support client safety measures following CDC guidance. ESGCV funds increased staffing & essential services to response to COVID19 safety concerns thru creation of temporary shelter, day shelter, renovation & hoteling for people experiencing homelessness (PEH). 2. ESGCV funds expanded housing assistance, street outreach, emergency shelter (ES), RRH & Homeless Prevention (HP) project staffing & financial resources to implement a Housing First approach to shorten length of housing crisis, link to mainstream housing & include tailored services w/out precondition. Outreach & ES worked to place in temporary while permanent housing (PH) was identified or directly into PH if available. The FMR waiver for RRH/HP increased PH options. Expanding ESG projects increased identification & equitable engagement for CE prioritization. RRH/HP provided services w/rental assistance/financial services provided in flexible, customized & progressive ways to mitigate the larger economics impacts on unemployment, loss of income/benefits due to COVID-19. 3. All BOSCO funding was coordinated to maximize impact of eviction prevention activity. CARES/ARP Eviction Prevention w/ESG-CV HP to serve at risk households; ESGCV used SSVFs HP Screening Tool w/diversion/targeting thresholds to prioritize households at highest risk of entering homelessness for HP then refer to Eviction Prevention & mainstream resources for those scoring lower in risk/vulnerability. 4/5. BOSCO members (shelter, outreach, & housing providers) advocated for & received ESG-CV funds to purchase infectious disease preparedness supplies including health & sanitary items & cleaning supplies including PPE for staff and PEH, hand sanitizer, soap, washers/dryers, portable handwashing stations, showers, toilets.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:		
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

1 BOSCO partnered weekly with DHHS Rural Health and Primary Care, DHHS Public Health Equity Team and Regional Public Health Networks to strategically coordinate with mainstream health in discharge planning to quarantine/ isolation shelters for COVID positive or exposed individuals experiencing homelessness, testing and vaccine clinics, implementing changing CDC guidance and methods being used to decrease the spread of COVID-19 (such as de-congregating shelter, social distancing and deployment of PPE). At the start of the pandemic, daily calls were held with emergency shelter providers to address questions and concerns, and to provide education around COVID-19 mitigation efforts. NH DHHS Division of Public Health Services (DPHS) attended these calls approximately weekly for several months to provide ongoing support and education. Medicaid MCO's housing coordinators liaised with individuals experiencing homelessness, providers and mainstream health facilities in the BOSCO to increase communication and identification of individuals at high risk during community spread of COVID-19. Tablets, wi-fi



boosters, hotspots were purchased with CARES funding to assist with public health and mainstream healthcare facilities online registration for the COVID-19 vaccination, as well as services tracking afterward. 2. BOSCOB partnered with NH DHHS DPHS to provide PPE to all providers and people experiencing homelessness within the BOSCOB, outreach engaged in encampment tent mapping to ensure social distancing, and handwashing stations, mobile showers and portable toilets were provided through ESGCV. BOSCOB reviewed safety protocols with shelters and outreach teams on a weekly basis, and partnered with the Regional Public Health Networks and Healthcare for the Homeless (where available) to conduct onsite training and consultation on safety measures.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:		
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

**(limit 2,000 characters)**

1. BOSCOB homeless services providers were invited to daily calls to provide support regarding new emergency preparedness procedures to educate about the pandemic and specific up to date information regarding the Covid-19 facts and address all concerns. NH Division of Public Health Services (DPHS) participated in many of these calls to provide support to the shelter system. Shelter providers were invited to weekly DPHS Congregate Living calls where they could ask questions directly to the State Epidemiologist and COVID response team. Homeless Shelter Testing & Shelter Facility Layout planning discussions were provided by the State's Strategic National Stockpile Coordinator from the DHHS Commissioner's Office – Emergency Services Unit. DPHS also provided contact tracing assistance for people experiencing sheltered and unsheltered homelessness in the BOSCOB. 2. BOSCOB sent weekly updates to the entire membership which included DPHS alerts, Health Alert Messages from the Bureau of Infectious Disease Control, CDC guidance, HUD and USICH guidance, and any press releases from NH DHHS and the Governor's Office that addressed local COVID-19 restrictions. 3. BOSCOB Co-Chair is a member of the Vaccine Equity Allocation (VEA) Team, and presented weekly to the shelter directors and homeless services providers about how to access vaccination. Email updates were sent as changes occurred. BOSCOB staff provided 1:1 support to homeless services providers to assist with scheduling vaccine clinics. BOSCOB staff presented to homeless services providers during a Housing Action NH call about the launch of the NH Mobile Vaccine Van which is an initiative to increase access to COVID-19 vaccines in New Hampshire. The mobile van is available upon request for groups of all sizes, and will provide free vaccination clinics in communities across the state. Support was provided with scheduling the van for clinics at both shelters and for unsheltered clinics.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

BOSCOC co-chair/Collaborative Applicant is an active member of the NH Vaccine Equity Allocation (VEA) Team. BOSCOC implemented a comprehensive strategy of identifying individuals/families experiencing homelessness for COVID-19 vaccination & creating low barrier access to receiving individual choice of vaccine. Vulnerability to infection of COVID-19 & lack of housing contributes to poor access to & outcomes for physical/mental health. 1st step was securing a homeless prioritization through VEA team. Emergency shelters in BOSCOC were connected w/VEA team, & assisted w/scheduling vaccination clinics at shelters for guests & staff. Street outreach teams were connected w/Regional Public Health Networks (RPHNs) to schedule mobile clinics. Additional steps included: Planning w/BOSCOC Regional Networks for maximum vaccine distribution, ensure access to vaccine for all people experiencing homelessness (PEH), & collaborate on increasing vaccine confidence; using trusted healthcare providers (FQHCs & Healthcare for the Homeless) as vaccinators paired w/outreach; engaging PEH as ambassadors in local vaccination strategies & communication; use of social media to educate PEH; Stakeholder specific education materials; Info from CE/HMIS to identify PEH, & map where people were to plan effective strategy; Tiers of Unsheltered Clinics: 1. Identified a fixed site w/established trust in the community: food pantries, drop-in centers, fire dept, laundromats, churches, local businesses. 2. Hotspot locations near encampments- easily accessible to PEH, where vaccine teams go during specified times. 3. Encampment outreach- mobile outreach to sites more remote, & to those unable to access other locations, e.g. Fire dept used ATV's w/outreach & vaccinators on trails, mobile vans used throughout the BOS. Vaccine status data elements were added to HMIS to assist w/tracking who has been vaccinated, and identifying individuals who were eligible for vaccination.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

The BOSCOC, through a partnership with ESG, allocated ESG-CV funds to the NH Coalition Against Domestic and Sexual Violence (NHCADSV) to provide expanded emergency shelter. The decision to only utilize the shelter activity under ESG-CV, and not the RRH and/or Outreach lines was strategic due to additional CARES Act and American Rescue Plan Act (ARPA) funds that were allocated to the NHCADSV for similar activities that included emergency rental assistance for both back rent and rent to obtain an apartment, transportation, and shelter modification funds that were allocated to complete renovations that

would improve mitigation efforts. The shelter funding allowed the crisis response system to quickly place a survivor or someone actively fleeing domestic violence into a hotel, where they could then provide supportive services, including a connection to the BOSCOV DV Coordinated Entry System (CES) and BOSCOV DV RRH program. The BOSCOV DV Coordinated Entry Project was funded in 2019, but implemented during the pandemic, adding a critical component to the DV homeless services system. BOSCOV provided training to the general membership to ensure all members knew how to refer to the DV CES for immediate response for a survivor or someone actively fleeing domestic violence. The BOSCOV provided individual weekly meetings via Zoom with the NHCADSV shelter director to address any needs and or concerns for additional beds due to the increase in DV during this time. BOSCOV offered space at the Isolation/Quarantine shelters for survivors and individuals fleeing domestic violence, however, due to safety concerns the decision was made to utilize hotel stays using ESG-CV funds for this population to ensure their safety and confidentiality.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

In response to the COVID-19 pandemic, temporary changes were made to the BOSCOV Coordinated Entry System (CES). The intention was to give subrecipient agencies flexibility to lower barriers in order to respond to this crisis, while ensuring the safety of staff and the households they serve. The BOSCOV Expedited Housing Policy was passed at the July 14th, 2020 BOSCOV Meeting, and has remained in effect during the COVID-19 health crisis. Per the Expedited housing Policy, the current Coordinated Entry Prioritization can be set aside so that the system remains nimble as the BOSCOV and its partners determine the best course of action to keep the homeless population as safe as possible. The BOSCOV adopted a COVID-19 assessment in place of the VI-SPDAT, which was previously used as the vulnerability assessment for people entering the CES. This change allows BOSCOV agencies to prioritize participants of the homeless system who are placed in quarantine or isolation shelter, or who are otherwise deemed to be at high-risk due to the COVID-19 health crisis for Permanent Housing (PH) programs (including rapid rehousing, permanent supportive housing or other PH program types) to avoid moving back into shelter or other congregate living environments. The COVID-19 assessment allows the BOSCOV to determine who is most at risk of death due to COVID-19, using CDC and public health guidance, and to prioritize those individuals for available housing. The BOSCOV encouraged all CoC-funded providers to apply for CoC Interim Emergency COVID-19 Policies and Procedures through the Collaborative Applicant, in order to utilize the waivers issued by HUD and implement emergency recordkeeping protocols.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/07/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/07/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. New projects have established threshold criteria to commit to a Housing First approach despite barriers. If this is not met an application is not eligible & not considered for ranking. New projects are reviewed for population they will serve (higher points for higher % of proposed chronic homeless (CH) dedicated beds) & how they will serve people w/history of DV. Renewal project applications are reviewed for Housing First/low barrier commitment to serve people despite barriers, % of CH people served during operating year, % of people with no income at entry, % of people served w/disabilities including substance use. 2. Severity of needs & vulnerabilities are considered to inform rating & review by awarding points to projects that serve people w/higher needs & more vulnerabilities to ensure housing admissions are following prioritization standards. Score is the primary factor of project ranking for inclusion in BOSCO application. New project must commit to low barrier approach or the project is not eligible for review. Renewal applicants stating they following Housing First provide their existing policies to ensure Housing First is present & that lack of income, history of substance use, criminal records, & current/historical mental health challenges are not reasons for discharge from a project & to ensure refusal to participate in case management, failure to make progress on service plan, loss of income/failure to improve income, being a victim/survivor of DV, or any other activity not typically covered in a lease in the region cannot be reasons for discharge from a project. These items are assigned a point value in the renewal tool. New project applicants received higher points for a higher % of proposed CH dedicated beds, Renewal projects receive higher points for new participants who enter as CH and higher % of people entering with no income to help offset possible point losses on the performance measure questions around increasing income.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

(limit 2,000 characters)

1 Based on HMIS & comparable database reports, just over 5% of the population served w/in the BOSCO identifies as Black/African American, while another 3% identify as multi-racial. Comparatively, only 1.24% of the overall

population w/in the BOSCOG identifies as Black/African American, and 1.54% identify as multi-racial. Based on this data, it is clear that people who identify as Black/African American, or multi-racial are over represented w/in the BOSCOG homeless services system. BOSCOG leadership structure includes members of the BOSCOG Youth Action Board (YAB), which includes 2 members that identify as Black, & 1 member that identifies as multi-racial. YAB members were invited to review & provide feedback on the new & renewal project scoring tools. 2. BOSCOG Leadership consulted w/DHHS Office of Health Equity & members of the NH Division for Public Health COVID-19 Equity Task Force to request assistance w/best practices in soliciting persons of different races to participate in the review, selection, & ranking process. Using those best practices, BOSCOG leadership sent an email to the general membership requesting review team member that include persons of different races. BOSCOG was unsuccessful in finding a person of an over-represented race for the review team. The review team does include a person w/lived experience who was housed in a CoC PSH project w/in the last 6 months. 3. BOSCOG included 4 questions to assess equity factors for both new & renewal project applications. These questions address including people from over-represented populations, including people who identify as black, indigenous, people of color, LGBTQIA+, & people w/lived experience on agency management teams, leadership staff, & Boards of Directors. The last question addresses HMIS/comparable database data that can be disaggregated by race, ethnicity, gender identity, &/or age. A supplemental document was included for renewal projects that also assesses outcomes using an equity lens.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 characters)**

1. BOSCOG released a CoC Program Reallocation Policy in July 2018. This policy is updated annually, most recently on 7/1/21. The policy covers voluntary & involuntary reallocation. Programs voluntarily reallocating funding must notify the CoC no later than 1 week after the release of the CoC Program NOFA. Recipients voluntarily reallocating funds w/intent to apply for a new project participate in the competitive process w/other applicants. For involuntary reallocation, all renewal projects were scored based on the following criteria: housing stability, increased participant earned income & unearned income, increased # of participants obtaining non-cash mainstream benefits, % of grant spent down, & HMIS data quality. BOSCOG voted to use the median score of all projects as the threshold for identifying underperforming projects. All underperforming projects received a Corrective Action Plan (CAP), and are

given 1 year to show improvements. BOSCO Executive Committee reviews & approves all reallocation decisions & CoC staff notify projects in writing w/an appeals procedure. Any Executive Committee members whose agency receives COC Program funding subject to involuntary reallocation recuses themselves from the reallocation decision process. 2. 7 BOSCO projects were identified as being underperforming, and have been issued Corrective Action Plans. 3. BOSCO has not yet reallocated a project involuntarily but has worked with low performing projects to voluntarily reallocate during previous competitions. 4. BOSCO projects that were previously under a CAP have successfully resolved the outstanding issues. The projects currently under a CAP have 6 months left to correct the identified deficiencies. 5. The BOSCO NH-500 CoC Program Reallocation Policy has been updated annually since 2018 w/ each revision presented to the BOSCO membership, and approved by vote each year. The updated Reallocation Policy is posted on the BHS website, and was sent w/the COC NOFO announcements.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/25/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/25/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included:	11/09/2021
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1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/07/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

1. All victim service provider (VSP) agencies required to collect HMIS data utilize Apricot product, that is managed through NH Coalition Against Domestic and Sexual Violence (NHCADSV), as the comparable database. NHCADSV was previously using EmpowOR as their database, however after reviewing the 2021 HMIS Data Standards, it was clear that EmpowOR was not truly a comparable database. The Bureau of Housing Supports (BHS), the CoC Collaborative Applicant & HMIS lead for the Balance of State CoC provided technical assistance in partnership with the Institute for Community Alliances (ICA), the HMIS System Administrator, to the NHCADSV to find an alternative solution. NHCADSV consulted with The National Network to End Domestic Violence and The Danu Center's Confidentiality Institute to determine the best option to meet the comparable database requirements, and to ensure confidentiality and safety for survivors. NHCADSV officially launched the Apricot database on 7/1/2012. During the planning and transition period, the BOSCO, ICA, and NHCADSV held 2 meetings to ensure all required data elements were included in the comparable database, and that the NHCADSV had the training to support collecting those data elements. An additional meeting was held with all parties and The National Network to End Domestic Violence and The Danu Center to ensure the elements were being collected with confidentiality and safety in mind. 2. DV housing and service provider receiving ESG or CoC Program funds are required to submit disaggregated data from their comparable database. The BOSCO and the ESG lead continue to provide 1-to-1 support to the NHCADSV to provide training and technical assistance on running reports to gather and submit de-identified aggregate system performance measure data for each project. This is the first year NHCADSV received ESG funds, so additional support was needed to run the CAPER. ICA has offered additional 1:1 support if needed.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	764	136	586	93.31%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	101	0	101	100.00%
4. Rapid Re-Housing (RRH) beds	241	32	192	91.87%
5. Permanent Supportive Housing	594	0	377	63.47%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

63.47% HMIS bed coverage rate. BOSCO has met monthly w/the VA over the last 4 years to address the issue of VASH beds not being entered into HMIS, w/out success at this time. The BOSCO Veteran Subcommittee chair has met at least quarterly with the VA Medical Centers in Manchester, NH and White River Junction, VT to encourage VASH entry into HMIS. The VAMC in Manchester new social worker (SW) has experience from a state that does enter VASH vouchers into HMIS, and has agreed to support the conversation. Within the first 3 months, BOSCO will partner with the VAMC SW to present to VA leaders to offer concrete options for data entry, including a partnership with COC staff. Also within the first 3 months, the BOSCO, with the support of the Institute for Community Alliances (ICA) – the HMIS System Administrators – will meet with other CoCs that do have VASH entering into HMIS to learn how they overcame the barriers. Within 6 months, BOSCO intends to implement a data entry partnership where COC staff assists the VA w/entering VASH beds on a monthly basis. 2. BOSCO will implement the steps described above through the veteran subcommittee & collaborations w/the HUD Regional Admin & the USICH. The veteran subcommittee includes members of all 3 COCs in NH, SSVF providers, & the VA. The TA provider assisting NH to end Veteran homelessness is assisting w/the conversation about HMIS data entry & System Performance Measures importance. (ICA) serves as the HMIS lead agency for 31 COCs in 11 states & is a resource for the Veteran subcommittee work, and is supporting the effort to enter VASH beds into HMIS. Quarterly Data subcommittee meetings will re-evaluate the BOSCO's progress on improving HMIS bed coverage. Progress reports from the subcommittee will be shared at BOSCO meetings & veteran subcommittees in order to ensure that progress is being monitored by all groups.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1 BoSCoC reviewed local data about people entering homelessness & reviewed national diversion tools to determine characteristics & risk factors of those at risk for becoming homeless. The primary risk factors identified are current eviction notice, doubled up status for any length of time, DV risk, families w/children, & lack of available financial/supportive resources. BOSCO C adopted the National Alliance to End Homelessness' Prevention & Diversion Tool guided assessment as an initial Coordinated Entry assessment, which assesses for risk factors above, to gather data & confirm the risk factors listed above. This data is reported in HMIS through the BOSCO C's Prioritization List.2. BOSCO C strategy is to divert people presenting for homeless services to other available CoC resources including prevention activities. If safe housing can't be maintained w/out financial intervention prevention programs such as the Emergency Solutions Grant Homelessness Prevention, Supportive Services for Veteran Families HP, other federal CARES and American Rescue Plan Eviction Prevention (EP) funding, municipality & faith based financial assistance networks are alerted to provide assistance to avoid homelessness. HP programs conducted landlord outreach to educate landlords of available assistance programs. NH leverages EP & HP programs to best match household to resources to avoid housing loss. Providing security deposit & 1st month's rent & other state funded intervention services increased people diverted from entering the homeless system. From 2019 – 20 the number of people who became homeless for the first time was reduced by 453 people (24%). In 2020, the Governor's Council on Housing Stability was established and produced a Statewide Plan to End Homelessness in NH which includes a measures to increase discharges from public institutions directly into stable housing, averting homelessness. 3. BHS Chief & BOSCO C co-chairs are

responsible for oversight of these activities & strategies.

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1. To reduce the length of time (LOT), the BOSCOG prioritizes people experiencing chronic homelessness (CH) & if there are no eligible CH households, the BOSCOG prioritizes by longest homelessness, presence of disability, and severe service needs. The COG adopted Notice CPD 16-11: Prioritizing Persons Experiencing CH and Other Vulnerable Homeless Persons in PSH into the BOSCOG Written Standards, the CES and CoC's Policy & Procedure Manuals, requiring all PH, RRH, & TH to prioritize the longest time homeless for openings. These standards determine CE referrals for project openings & are verified in compliance monitoring. The COG allocates ESG Rapid Re-housing funding to cover each CoC county to quickly house people & reduce people having to experience a long LOT homeless. Housing navigation services help people locate housing units, security deposit & 1st month's rent assistance are funded for the entire BOSCOG geography. Local areas cultivate landlord relationships to increase access to units for people who do not have a perfect rental history. Community Action Programs offer utility assistance, so people w/poor credit history in securing utilities, have one less barrier in obtaining housing. 2. People are assessed upon entry into homeless service system through CE for LOT homeless and it is documented on the By Name List to be used as a prioritization factor for available housing resources. PSH, RRH & TH projects house those with the longest LOT homeless by notifying CE of openings and requesting a referral which is prioritized by CH and then longest LOT homeless if not CH. Referred households are contacted to determine eligibility and then assisted with housing search and placement. Using ESG-CV funds, BOSCOG partners expanded street outreach and rapid rehousing programs to better identify people experiencing unsheltered homelessness, and move them into permanent housing. 3. BHS Admin/BOSCOG co-chair is responsible for oversight of these activities & strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1. BOSCO emergency shelters (ES), transitional housing (TH) projects & rapid rehousing (RRH) projects have staff that help people identify housing barriers & solutions in order to move to permanent housing (PH). BOSCO has no safe haven projects. Strategies include weekly COC notification of PH openings, referrals from the Prioritization List, (prioritized following Notice CPD 16-11, and the COVID assessment tool), Written Standards requiring projects to terminate only for the most severe violations, annual project compliance monitoring & linking to services & financial assistance resources such as security & utility deposits, to provide one-time or on-going assistance to successfully exit to PH. Joint bimonthly meetings are held to share info about local housing resources that are not yet connected w/BOSCO. Projects develop relationships w/landlords to gain access to available units for people to quickly move into & retain at project exit. Using federal COVID funds, BOSCO agencies are offering expanded rental assistance programs designed to move people into housing. Using ESG-CV, RRH projects implemented landlord incentive programs, housing navigators to assist with finding and securing units, and funds for cleaning units as an additional incentive to landlords. 2. The strategy to increase the rate that people in PH retain housing or exit to PH is the implementation of Written Standards requiring projects to terminate for only the most severe violations, annual project compliance monitoring for discharges, mediation services for tenants/landlords to resolve conflicts before eviction, & state funded prevention assistance to maintain housing in emergency situations. Case managers develop service plans w/people to identify ways to increase housing stability & they assist people to apply for Housing Choice Vouchers/public housing options. In 2020 the BOSCO partnered with NH Housing Finance Authority to implement a Moving On preference for people in PSH projects.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;	
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

**(limit 2,000 characters)**

1. BOSCO conducts an initial Prevention & Diversion assessment w/people entering the homeless services system, which captures prior experiences w/homelessness and is then followed by a more detailed COVID assessment. Once referred to a program more detailed historical info is gathered. This info is captured in HMIS and the characteristics of those who have returned to homelessness are reviewed to determine trends & resources needed to prevent returns for future households. Our 2019 HMIS System Administrator change included increased effort to better our data quality for all projects entering into HMIS including more accurate information about previous experiences with homelessness. 2. The BOSCO's strategy to reduce the rate of returns to homelessness includes diverting people presenting for homeless services to other available CoC resources, BOSCO Written Standards restricting projects



from terminating housing to only the most severe violations, and offering mediation services between landlords and tenants prior to eviction. Emergency Solutions Grant (ESG) homeless prevention funding is allocated for the entire BOSCOG geography to provide assistance if housing is in jeopardy and state funded short-term rental assistance to maintain units. ESG recipients receive case management for 6 months after financial assistance ends to help them maintain housing. BHS conducts project monitoring at least annually to ensure compliance with the above and requires projects to notify before termination to avoid returns to homelessness. The COC data subcommittee reviews system performance measures, including returns to homelessness, to identify system-level issues contributing to returns. The BHS data analyst provides individual providers their data quality and performance outcomes so improvements can be made. 3. The Bureau of Housing Supports is responsible for overseeing the BOSCOG's strategy for reducing the rate that individuals and persons in families return to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

**(limit 2,000 characters)**

1 The strategy to increase employment income includes increasing coordination at the state level between departments that fund service resources to connect people to employment training & job placement. TANF & Medicaid programs have employment requirements, including support in accessing training & employment opportunities. BOSCOG partners w/DHHS, where these services, & others including Aid to the Permanently and Totally Disabled and cash assistance, are housed, in order to educate providers on available services and eligibility requirements to support access for people experiencing homelessness. Additional DHHS partnerships include with Child Development & Head Start Collaboration to educate providers on childcare scholarships & Head Start enrollment to help clients overcome barriers to employment. Bureau of Housing Supports (BHS) annual CoC project monitoring, & monthly performance reviews identify projects struggling w/increasing employment resources who are then provided assistance to identify local & State resources to refer clients to for employment opportunities. Projects are scored on this metric during the COC NOFO rank and review process, and are evaluated during annual COC Program Monitoring. If a project does not meet the COC threshold for this metric, they are issued a corrective action plan and given 1 year to improve their performance. 2. The BOSCOG formed relationships at the end of 2018 w/the DHHS Bureau of Employment Supports & NH Employment Security (NHES - unemployment office) NHES operates 12 full service employment centers that offer Monday – Friday scheduled meetings & drop-in hours for people seeking employment. NHES staff provided education to BOSCOG providers on how to access available services so BOSCOG providers can support people experiencing homelessness w/increasing their employment

opportunities & income. 3. COC Administrator at BHS is responsible for overseeing the BOSCO's strategy to increase job and income growth from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. Each region in NH has individual local partnerships to help promote partnerships and access to employment opportunities. There are 5 Community Action Agencies (CAA) within the BOSCO's geographic region that each have grants within the BOSCO. The CAAs are the largest providers in each region, and are leaders in promoting self-sufficiency through increased employment. Each CAA administers the Community Services Block Grant (CSBG), which has a primary goal of ending poverty through increased self-sufficiency. Each CAA hosts job fairs at least once annually, and has formal partnerships with the Workforce Innovation and Opportunity Act (WIOA) programs, which are funded through the Employment and Training Administration. DHHS, through the Bureau of Employment Supports, partners with NH Employment Security (NHES) to host regional job fairs at least quarterly. Many smaller providers have formal partnerships with local employers that provide job training and employment opportunities to program participants. BOSCO's leadership are members of the Whole Family Approach to Jobs, ending the Cliff Effect in NH state workgroup, which partners with non-profits, businesses, state agencies, and individuals/families with lived experience. A yearlong assessment was completed in early 2021, with a final report providing detailed recommendations due this fall. 2. The CAAs described above also offer volunteer and employment opportunities to residents of Permanent Supportive Housing through their partnerships with WIOA and NHES. Many smaller providers rely on volunteers to keep their programs functioning, and they offer these volunteer opportunities to PSH residents. Examples include the Salvation Army shelters and thrift stores, food pantries and homeless resource centers. One Community Mental Health Center, which operates a COC funded project, provides volunteer opportunities for residents of their project.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1 Mainstream programs are invited to COC mtgs to educate projects on their resources & 211 staff are trained to assess & refer to resources to increase non-employment cash income. All BOSCOG Programs help participants apply & maintain benefits through NH's single benefit application for cash assistance, medical, SNAP, childcare, medical beneficiary, & long term supports/services. Staff are required to assist w/appeals if initial apps are denied. Bureau of Housing Supports (BHS) conducts annual CoC project monitoring, & monthly performance reviews to identify projects struggling w/increasing non-employment cash income. Struggling projects are provided assistance to identify local & State resources. Projects are scored on this metric during the COC NOFO rank and review process, and are evaluated during annual COC Program Monitoring. If a project does not meet the COC threshold a corrective action plan is issued & 1 year is given to improve their performance. 2. The strategy to increase non-employment cash income access includes increasing coordination at the state level between departments that fund services & resources to provide education to BOSCOG providers on eligibility and how to apply for mainstream cash sources such as SSI/SSDI, TANF, SNAP, & Medicaid Manual. BOSCOG providers assist people experiencing homelessness with applying for mainstream benefits, in order to facilitate access for individuals experiencing homelessness, which is required through the COC Program Policy & Procedure. The NH PATH Admin is SOAR trained, & all BOSCOG funded projects have at least 1 SOAR trained staff person that assist clients w/their SSI applications. BOSCOG programs provide assistance in applying for accessing mainstream benefits programs through their supportive services, which assists individuals with increasing their ability to access non-employment cash income. 3. The BHS COC Admin is responsible for overseeing the BOSCOG's strategy to increase non-employment cash income.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	<b>NOFO Section VII.B.6.a.</b>	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	<b>NOFO Section VII.B.6.a.</b>	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	<b>NOFO Section VII.B.6.b.</b>	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
--	----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
MCHS RRH Project ...	RRH	24	Housing

### **3A-3. List of Projects.**

**1. What is the name of the new project?** MCHS RRH Project (DV Bonus)

**2. Select the new project type:** RRH

**3. Enter the rank number of the project on  
your CoC's Priority Listing:** 24

**4. Select the type of leverage:** Housing

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

N/A

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

N/A



## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type	
1. SSO Coordinated Entry	No
2. PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	1,930
2.	Enter the number of survivors your CoC is currently serving:	206
3.	Unmet Need:	1,724

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

1. The BOSCOCC calculated the total number of domestic violence survivors that need housing or services by adding the total number of survivors in both mainstream emergency shelter and domestic violence crisis shelters, the total served through the BOSCOCC Coordinated Entry System (both the DV specific CES and the general CES), the number served by street outreach, and the number turned away from the DV crisis center due to capacity issues. The BOSCOCC calculated the total number of domestic violence survivors currently being served in the COC by adding the total number of survivors served in general BOSCOCC PSH projects, the total served by the BOSCOCC DV RRH project, and the total served by Emergency Solutions Grant RRH and Prevention within the BOSCOCC. DV crisis shelters and the DV RRH project are administered by the NH Coalition Against Domestic and Sexual Violence (NHCADSV). 2. The data source for the number of survivors being served by the NHCADSV in crisis shelters and the DV RRH project was Apricot for Victim Services, the comparable database used by NH's Victim Services Providers. The data source for BOSCOCC Coordinated Entry, BOSCOCC street outreach, mainstream emergency shelters, Emergency Solutions Grant, and BOSCOCC PSH projects was NH's Homeless Management Information System. 3. The BOSCOCC has implemented a Coordinated Entry System for survivors to improve access to housing and services within the BOSCOCC, and established a preference for domestic violence survivors with the NH Housing Finance Authority for the allocation of Emergency Housing Vouchers. The BOSCOCC is also in the third year of the first dedicated domestic violence RRH grant. The current barriers to meeting the needs of all survivors in the BOSCOCC are the fact that there is only one DV specific RRH grant with limited units and service capacity, and the lack of affordable housing across the BOSCOCC geography.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Bureau of Housing...
Bureau of Housing...

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Bureau of Housing Supports
2.	Rate of Housing Placement of DV Survivors–Percentage	88.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	98.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. The project applicant is the Bureau of Housing Supports (BHS), with a subrecipient agency of Brigid's House of Hope. Brigid's House of Hope has not operated a housing project yet. BHS is the recipient for the BOSCO's existing DV RRH project, and is the statewide recipient for the Emergency Solutions Grant. BHS calculated the total number of survivors housed across the BOSCO in CoC PSH, ESG rapid rehousing and prevention, and in the CoC DV RRH projects, and divided that total by the number of survivors that were referred to projects for housing openings.. The rate of retention of DV survivors was calculated by the number of survivors who remained housed out of the total that were housed as described in the rate of placement. 2. The COC DV RRH project, and ESG DV project data came from Apricot for Victim Services, the comparable database used by Victim Services Providers in NH.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;

3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

1. The Bureau of Housing Supports (BHS) is the project applicant with a subrecipient agency of Brigid's House of Hope. BHS as applicant, partners with local agencies to provide quick access to housing and has processes in place to support and monitor housing placement activity. BHS has administered a COC DV RRH project since 2018, in partnership with the NH Coalition Against Domestic and Sexual Violence (NHCADSV). Through this grant, the BOSCO has been able to reduce the length of time survivors remain without housing by creating a dedicated path out of homelessness for survivors. 2. BHS administers a DV Coordinated Entry (CE) project for the BOSCO. This project has allowed the BOSCO to serve survivors through a confidential system, removing them from the general CES, and referring survivors directly into DV specific COC housing projects. In the general CES, being a survivor or fleeing DV will receive a higher score on the CES assessment, placing them higher on the prioritization list. All BOSCO projects, regardless of whether or not they are dedicated to serving DV survivors, are required to follow the BOSCO Violence Against Women Act emergency transfer plan to ensure safe and timely transfer to safe housing. 3. BHS has partnered with the NHCADSV to ensure survivors have a confidential Victim Services Advocate available to help the survivor navigate the supportive services system. Examples of services NHCADSV helps survivors access include moving costs, childcare, education, employment, mental health and substance use counseling, assistance applying for mainstream benefits, and others. 4. The BOSCO entered into an MOU with NH Housing Finance Authority for the Emergency Housing Vouchers. BOSCO identified survivors of DV as a priority population for these vouchers. This prioritization created an opportunity for survivors to obtain a voucher to maintain their housing beyond the limit of the COC RRH project.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

1. The Bureau of Housing Supports (BHS) is the applicant for this project, with a subrecipient of Brigid's House of Hope. BHS partners with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) for training on safety planning. NHCADSV provides monthly training to their member agencies, who

are located regionally throughout the BOSCO. These member agencies provide local training to partner agencies. NHCADSV also provides an annual training for BOSCO partner agencies, including the director of Brigid's House of Hope. 2. Survivors served through the BOSCO Coordinated Entry System (CES) – both the general CES and the DV CES, are referred to the NHCADSV for a confidential intake. NHCADSV and their member agencies have extensive training on ensuring confidentiality and safety of survivors, and will conduct the intake in a location where the survivor feels most comfortable. 3. In the event that a couple applies for DV specific housing, NHCADSV staff conduct separate intake interviews with each member of the couple to ensure safety of the survivor. 4. DV survivors served by the BOSCO DV RRH project and DV Coordinated Entry are offered the opportunity to work with a Victim Services Provider to determine where they will feel safest living. The NHCADSV member agencies work together when a survivor needs or wants to live in a different region than where they first asked for assistance. 5. The applicant does not operate any congregate living spaces. 6. The applicant's current DV RRH project protects confidentiality under NH RSA 173-B, and takes confidentiality into consideration at all points in assessment and housing of survivors. The applicant will offer survivors use of the NH AG's Address Confidentiality Program, which offers participants a substitute address for first class mail to protect their confidential location, and prevents the survivor's name or address from appearing on public lists of registered voters.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

The Bureau of Housing Supports (BHS) is the applicant for this project, with a subrecipient of Brigid's House of Hope. BHS partners with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) for an existing DV RRH project in the BOSCO. The NH Coalition Against Domestic and Sexual Violence (NHCADSV) and their local member agencies provide a dedicated victim services advocate to all survivors served through the DV RRH project. Since the early 2000s, the Family Violence Prevention Services Act (FVPSA) funding required grantees to measure effectiveness of services to victims of domestic and sexual violence. Specifically, FVPSA funded programs across the country were required to survey clients on if the client felt safer resulting from the services received. NHCADSV conducts a Client Effectiveness Survey will all individuals they serve, including those served in the BOSCO DV RRH project. This survey assesses the survivor's feelings of safety, their knowledge of community resources, their knowledge of how to access service systems, and their confidence in their housing and safety plans. In the most recent year of data, 93% of clients receiving services from member program crisis centers report that they know more about safety planning; 93% of clients report knowing more about community resources; 93% report feeling less alone and hopeful about the future; and 98% report they would return to the crisis center if needed in the future.

4A-4d.	Trauma-Informed, Victim-Centered Approaches--Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

The Bureau of Housing Supports (BHS) is the applicant for this project. BHS partners with the NH Coalition Against Domestic and Sexual Violence to provide emergency crisis shelter for people fleeing domestic violence. BHS has been the recipient for a CoC DV RRH grant since 2018, which is operated by NHCADSV. NHCADSV was created in 1981 to provide dedicated services to survivors of domestic violence. 1. NHCADSV and their 12 member agencies work together to support survivors across catchment areas. For example, if a survivor in one of the confidential shelters needs to flee from one catchment area to another, advocates from both agencies will collaborate to safely transition the survivor to another confidential shelter in the state. Advocates at the member agencies conduct a thorough safety assessment with each survivor, which includes determining where the client prefers to live. Using the existing partnerships across catchment areas, advocates are able to quickly help survivors move to their preferred area of the BOSCO, while maintaining consistent services. 2. NHCADSV maintains an environment of agency and mutual respect through a rigorous training program for all staff. Prior to starting employment, all staff complete 30 hours of training that is trauma informed, empowerment based, and designed to provide survivor centered services. All services and referrals are at the survivor's request. 3. All NHCADSV staff receive 30 hours of training prior to starting employment, and receive ongoing training to ensure all of their services are trauma informed. NHCADSV has a Trauma Informed Services Specialist who provides these trainings to all member agencies, and to other partner agencies as requested. The Trauma Informed Services Specialist provides an annual training to the BOSCO on trauma informed care, and also provides trainings on Children Exposed to Trauma, Mental Health and Trauma, and Substance Misuse and Trauma. Training on how to provide survivors with information about trauma is built into each session. 4. NHCADSV provides strength based services to all survivors served through their member agencies. Intakes and assessments highlight survivor's strengths, and case plans are built with the survivors based on their individual goals and strengths. 5. All BOSCO providers, including the applicant

and subrecipient, are required by the BOSCO Program Policy and Procedure Manual and the BOSCO Coordinated Entry manual to provide services that are culturally responsive, provide equal access, protect project participants from discrimination, and are inclusive of all populations. All BOSCO providers follow the Fair Housing Act, which makes it unlawful to refuse reasonable accommodations for people with disabilities. In addition, all providers must follow NH RSA 354 A:2, which prohibits discrimination based on age, marital status, sexual orientation, and/or gender identity. The BOSCO partners with the NH DHHS Office of Health Equity to provide training to the BOSCO membership, and individual providers as requested, on cultural competency and cultural responsiveness. 6. The project applicant, through the BOSCO, has a network of regional collaboratives designed to provide opportunities for connection between providers. These networks provide connection opportunities for provider agencies to understand what resources are available locally for program participants to meet a variety of participant needs. These connections include parenting or support groups, mentorships, peer-to-peer connections, spiritual needs or faith based connections, education and work opportunities, mental health and substance misuse services, and others. 7. The project applicant has formal connections with early childhood programs, Head Start and Early Head Start, childcare providers, and family parenting programs through the Family Resources Centers through an MOU with the NH DHHS – Department of Education Early Childhood Integration Team (ECIT). BOSCO and project recipient staff are members of the ECIT. Staff provide education to all BOSCO providers, and facilitate connections to meet participant needs.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

The Bureau of Housing Supports (BHS) is the applicant for this project. BHS partners with the NH Coalition Against Domestic and Sexual Violence to provide emergency crisis shelter for people fleeing domestic violence. BHS has been the recipient for a CoC DV RRH grant since 2018, which is operated by NHCADSV. NHCADSV was created in 1981 to provide dedicated services to survivors of domestic violence. 1. Project applicant staff provided the following supportive services to domestic violence survivors during FY 2020. Mental Health Counseling – NHCADSV has formal MOUs with the Community Mental Health Centers in each region to provide direct access to mental health services for survivors and their families working with the NHCADSV advocates. Substance Use Disorder (SUD) services – NHCADSV provides direct referrals to The Doorways across the BOSCO for SUD evaluation, treatment, recovery support, peer support, overdose/harm reduction, prevention, care planning, facilitated referrals, and Narcan access. These services are available to all survivors served through NHCADSV programs. The Doorways in NH are the Recovery Hub in NH for people interested in entering or sustaining recovery from SUD. All SUD referrals and services are protected by 2 CFR part 2 –

Confidentiality of Substance Use Disorder Patient Records. All NHCADSV staff are required to follow this CFR whenever working with survivors who need SUD services. Medical care – NHCADSV operates the SANE program for survivors in the BOSCO. A Sexual Assault Nurse Examiner (SANE) is a Registered Nurse who has been specially trained to provide comprehensive, uninterrupted care to sexual assault survivors, including conducting the forensic collection of evidence. The goal of the SANE Program is to minimize the physical and psychological trauma to the victim and to maximize the probability of collecting and preserving the physical evidence of an assault for potential use in the legal system. Victim Services Advocates – NHCADSV provides a dedicated victim services advocate for all survivors served through the BOSCO. All services provided to domestic violence survivors in NH are governed by NH Statute RSA 173-C:1-10 – Confidential Communications Between Victims and Counselors. Counselors are defined as anyone who is employed, appointed, or volunteers in a domestic violence crisis center who renders support, counseling, or assistance to survivors. Domestic Violence center means any organization or agency. Childcare – NHCADSV has regional partnerships with Head Start, Early Head Start, and other childcare providers to improve access to childcare services for survivors. Parenting programs and support groups – NHCADSV has partnerships with regional Family Resource Centers in the BOSCO. Family Resource Centers are community based programs that provide a variety of services to children and families, including parent education, information and referrals, support groups, mentoring, educational support, cultural events, and individualized referrals for children and families. These services are available to all survivors served through MC. Homeless services – a NHCADSV staff member is a member of the BOSCO Executive Committee. This formal relationships support timely connections to homeless services including safe emergency shelter for survivors, and access to available housing. All services provided by NHCADSV to survivors through their member agencies follow the confidentiality provisions in the Violence Against Women's Act Nondisclosure of Confidential or Private Information. This ensures the safety of all survivors, while allowing NHCADSV to quickly connect survivors with permanent housing.

2. NHCADSV demonstrates the ability to connect survivors with services through their dedicated regional crisis centers, and the regional partnerships. Each survivor that is served through NHCADSV is provided a Victim Services Advocate to support their access to services. NHCADSV staff meet with the survivor and their family immediately following the interview to discuss any other service needs, and survivors are immediately connected with the services described above if identified as a need by the survivor.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	
	Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;	
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;	



4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

Brigid's House of Hope is the subrecipient agency for this project application. 1. Brigid's House believes victim's choice is of utmost importance, will use the DV Bonus funding to expand the resources available to survivors. Brigid's is in the process of opening a safe house for survivors of human trafficking, and will use this applications RRH resources to increase options available to survivors referred for housing through Coordinated Entry. Brigid's staff will utilize existing collaborative relationships with local community partners, for behavioral health treatment, recovery support, peer support, and other supportive services, which will assist in providing housing stabilization services. 2. Brigid's House of Hope will provide training and supervision to all staff to ensure services are provided with mutual respect, and are based in equity. Staff will be trained on best practices in trauma informed care and strengths based practices. Policies and procedures will ensure survivors are able to make the choices that are right for them and their identified needs. 3. Brigid's House of Hope has partnered with safe house programs across the US, the NH Human Trafficking Collaborative Task Force, and the NH Coalition Against Domestic and Sexual Violence (NHCADSV) to provide training to their staff on trauma informed care and victim-centered responses. The training will be required for all staff in this project from the NHCADSV Trauma Informed Services Specialist who provides these trainings. The Trauma Informed Services Specialist also provides trainings on Children Exposed to Trauma, Mental Health and Trauma, and Substance Misuse and Trauma which will be mandatory for staff. Training on how to provide survivors with information about trauma is built into each session. 4. Brigid's House has worked with the NH Human Trafficking Collaborative Task Force, and the NH Coalition Against Domestic and Sexual Violence (NHCADSV) on program policies and procedures that will be adapted for this project, which focus on survivor's strengths, needs, and personal goals. Brigid's is in the process of building assessment tools and case plan templates with the support of the providers described above to ensure the survivor's strengths are captured and will implement these tools in the project processes. Staff will talk with participants about their goals and what skills and experience they already possess to move towards housing stability and other self-identified goals. 5. Brigid's will ensure that cultural competence and equality will be maintained throughout the program with all staff, volunteers and survivors by providing education, training, and awareness opportunities. This will be guided by program policies and procedures, and will be modeled by leadership staff and discussed during staff supervision. Brigid's will follow NH RSA 354 A:2, which prohibits discrimination based on age, marital status, sexual orientation, and/or gender identity, and this will be built into program policies. 6. Brigid's House will offer facilitated trauma-informed groups for survivors, will offer mentors to survivors to help navigate the services system, and will access their existing community relationships to offer survivors access to a variety of resources including faith based connections, parenting groups, Family Resource Centers, and other identified service needs. 7. Brigid's will access existing community connections with the Family Resource Centers to offer

parenting support to survivors. Family Resource Centers are community based programs that provide a variety of services to children and families, including parent education, information and referrals, support groups, mentoring, educational support, cultural events, and individualized referrals for children and families.

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Bureau of Housing Supports
2.	Rate of Housing Placement of DV Survivors–Percentage	88.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	98.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

1. The project applicant is the Bureau of Housing Supports (BHS), with a subrecipient agency of Merrimack County (MC). MC has not operated a CoC housing project yet, but thru VAWA and Department of Justice Grants provides housing placement assistance for people in crisis housing. BHS is the recipient for the BOSCO's existing DV RRH project, and is the statewide recipient for the Emergency Solutions Grant. BHS calculated the total number of survivors housed across the BOSCO in CoC PSH, ESG rapid rehousing and prevention, and in the CoC DV RRH projects, and divided that total by the number of survivors that were referred to projects for housing openings. The rate of retention of DV survivors was calculated by the number of survivors who remained housed out of the total that were housed as described in the rate of placement. 2. The COC DV RRH project, and ESG DV project data came from Apricot for Victim Services, the comparable database used by Victim Services Providers in NH.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

1. BHS as applicant, partners with local agencies to provide quick access to housing and has processes in place to support and monitor housing placement activity. Merrimack County (MC) receives Victims of Crime Act funding, Violence Against Women's Act (VAWA) funding, and Bureau of Justice Assistance funding to work with survivors of domestic violence(DV). MC works with survivors and County Navigators to quickly identify housing for survivors. County Navigators work with local landlords to increase access to units as they become available. 2. BHS is the Coordinated Entry (CE) lead and has utilized CE policies for survivor prioritization for housing openings and emergency transfer requests. MC has previously accepted all referrals through local law enforcement, child protection, local crisis centers, and others. MC has VAWA funds, and has a county based VAWA emergency transfer plan. This project will be the first CoC project for MC. MC will fill all project openings with BOSCOCE CE prioritized referrals of people fleeing DV. MC will follow the BOSCOCE VAWA emergency transfer plan as needed. 3. BHS and MC staff are members of regional housing coalitions and have referral processes in place to supportive services providers including the for mental health, substance use, health, childcare, food, education and employment providers. MC will use their existing referral process to connect survivors in this program with supportive services that meet the individual household's needs. BHS provides oversight and technical support to subrecipients so resources for long-term supports are known in each county. 4. MC supports survivors in achieving housing stability through connections to education and employment opportunities to increase incomes. BHS and MC's area have a Public Housing Authority where there is a county preference for admission. MC will refer survivors who score high on the vulnerability assessment through CES who need long term rental assistance to PSH projects.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;

4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

1. The Bureau of Housing Supports (BHS) is the applicant for this project, with a subrecipient of Merrimack County (MC). BHS partners with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) for training on safety planning for BOSCO subrecipient agencies. MC partners with the NH Office for Victims of Crime (OVC), the NH Attorney General's (AG) Office – Office of Victim/Witness Assistance, and the NH Coalition Against Domestic and Sexual Violence (NHCADSV) and their member agencies to provide at least annual training for staff members on how to conduct safety planning for survivors of domestic violence. NHCADSV hosts trainings for all BOSCO members at least annually on safety planning and other related topics. The NH AG's office provides training on their Address Confidentiality Program, and the OVC offers customized technical assistance upon request. 2. MC will offer private office space to meet with survivors, but will also meet with survivors in the community based on the survivor's wishes. 3. In the event that a couple applies for housing through the MC RRH project, MC staff will meet with each adult household member separately to evaluate safety for all household members. 4. MC staff will conduct an intake with survivors to determine where in NH the survivor feels safest living. MC staff will accompany survivors during their housing search to ensure the survivor feels safe in available units. MC staff will offer survivors use of the NH AG's Address Confidentiality Program to further ensure their safety in their units. 5. MC will not be operating any congregate living spaces through this project. 6. MC staff will offer survivors use of the NH AG's Address Confidentiality Program, which offers participants a substitute address for first class mail to protect their confidential location, and prevents the survivor's name or address from appearing on public lists of registered voters.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety--Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

Merrimack County (MC) has extensive history working with survivors of domestic violence. Since 2009, MC has operated the Merrimack County Advocacy Center (MCAC), where trained forensic interviewers interview child victims of sexual abuse, and adult victims of domestic and sexual violence, along with child and adult interviews for victims of serious crime as requested through the NH Attorney General's (AG) office. MCAC partners with the NH Coalition Against Domestic and Sexual Violence (NHCADSV) and their local member agency to provide a dedicated victim services advocate to all survivors served through MCAC. NHCADSV conducts a Client Effectiveness Survey will all individuals they serve. This survey assesses the survivor's feelings of safety, their knowledge of community resources, their knowledge of how to access

service systems, and their confidence in their housing and safety plans. NHCADSV shares the results of these surveys with MCAC. MCAC also is a member of a multidisciplinary team (MDT) that supports survivors they have interviewed. The MDT conducts follow-up interviews with adult family members to assess whether or not the family's needs have been met. MC is also an active member of the NH Human Trafficking Task Force (HTTF). The HTTF partnered with the NH AG's office to develop a survey for survivors of human trafficking to assess how well the survivor's needs were met, including their need for safety. MC will adopt these evaluation methods in this new project to ensure the safety of the DV survivors being served.

4A-4d.	Trauma-Informed, Victim-Centered Approaches—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

The Bureau of Housing Supports (BHS) is the applicant for this project. BHS partners w/the NH Coalition Against Domestic & Sexual Violence to provide emergency crisis shelter for people fleeing domestic violence (DV). BHS has been the recipient for a CoC DV RRH grant since 2018, which is operated by NHCADSV. NHCADSV was created in 1981 to provide dedicated services to survivors of DV. 1. Since 2009, Merrimack County (MC) has worked with survivors of DV and they have dedicated staff who are trained on trauma informed care and victim centered approaches. MC has implemented a client-centered approach to their work and they meet with participants for a comprehensive interview and intake to understand their needs and goals. An individualized service plan is created with each survivor, and MC staff connect them with the appropriate community resources to meet their individualized goals. MC staff assisted survivors with finding and applying for housing in their desired locations through Public Housing Authorities, CoC programs, and other available housing. 2. MC operates the Merrimack County Advocacy Center(MCAC), where forensic interviews are conducted with children and adult survivors of domestic and sexual violence, or other serious crimes. The mission of the MCAC is to provide all victims of abuse in New Hampshire a neutral environment where justice, healing, equity and prevention are fostered through the consistent, high quality and sustaining collaboration of community partners.

MC has demonstrated through their work with the MCAC and the multidisciplinary team that supports the survivors that they have an environment of mutual respect between staff and survivors. Survivors are considered part of the team, and have equal decision making in their service plans. 3. MC has dedicated staff that work with survivors of domestic and sexual abuse who receive extensive training on trauma informed care specific to working with survivors. Trainings are provided through the NH Office for Victims of Crime (OVC), the NH Attorney General's (AG) Office – Office of Victim/Witness Assistance, and the NH Coalition Against Domestic and Sexual Violence (NHCADSV). Staff are trained on how to implement trauma informed practices in their work, and how to share the information with survivors. All staff that will work on this project will receive the same intensive training. 4. MC, through the MCAC and the human services office, has provided strengths based coaching for survivors since 2009. All interviews and assessments with individuals and families include strength based questions, and are used to develop strength based service plans. MC staff have experience implementing strength based coaching and case plan development outside of serving DV survivors including through County Corrections, the Adverse Childhood Experiences Response Team (ACERT), and through their family visitation centers. 5. MC has experience promoting cultural responsiveness and inclusivity through all of their client serving programs including County Corrections, ACERT, family visitation centers, the County nursing home, and the MCAC where the majority of MC's experience working with survivors occurs. They work to provide a neutral environment where justice, healing, equity and prevention are fostered through the consistent, high quality and sustaining collaboration of community partners. MC provides program staff with training on cultural competence, nondiscrimination, and equal access. MCAC staff must follow the National Standards of Accreditation for Children's Advocacy Centers, which includes standards for diversity, equity, and access. These standards include essential components including a community assessment for disparities, provisions for non-English-speaking and deaf and hard-of-hearing children and their family members, understanding and tailoring services to the diverse backgrounds and unique needs of the children and families being served, ongoing efforts through formal policies, procedures and practices to recruit, hire, and retain staff, volunteers, and board members who reflect the demographics of the community, and requires all staff to participate in Diversity, Equity, and Inclusion (DEI) training for a minimum of eight hours every two years. These standards are in place for all staff serving DV survivors, and will be implemented for staff in this new project. 6. MC has extensive experience through the MCAC connecting DV survivors with peer support through the local crisis center. The crisis centers hold at least monthly group meetings, and facilitate peer connections as requested. 7. MC has extensive experience through the MCAC connecting survivors with childcare and Head Start services through their multidisciplinary teams. MCAC staff connect survivors with MDT members who can help the survivor apply for childcare assistance. MC staff also connect survivors with parenting classes and support groups through the local Family Resource Center.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

**(limit 5,000 characters)**

1. Merrimack County (MC) staff provided the following supportive services to domestic violence survivors during FY 2020. Mental Health Counseling – MC has formal MOUs with 2 Community Mental Health Centers in their region to provide direct access to mental health services for survivors and their families through their work with the Merrimack County Advocacy Center (MCAC). Substance Use Disorder (SUD) services – MC has a partnership with The Doorway at Concord for SUD evaluation, treatment, recovery support, peer support, overdose/harm reduction, prevention, care planning, facilitated referrals, and Narcan access. These services are available to all survivors served through MC programs. The Doorways in NH are the Recovery Hub in NH for people interested in entering or sustaining recovery from SUD. All SUD referrals and services are protected by 2 CFR part 2 – Confidentiality of Substance Use Disorder Patient Records. All MC staff are required to follow this CFR whenever working with survivors who need SUD services. Medical care – MC has a formal partnership with a Sexual Assault Nurse Examiner (SANE) nurse from Dartmouth Hitchcock Medical Center through the MCAC who has specialized training and education to work with survivors of sexual assault and abuse. The SANE nurse is available to all survivors served through MC. MC also has a formal relationship with Concord Hospital for more general medical services and consultation for all survivors. Victim Services Advocates – MC has a formal partnership with the Crisis Center of Central New Hampshire, a member agency of the NH Coalition Against Domestic and Sexual Violence, to provide a dedicated victim services advocate for all survivors served through MC. All services provided to domestic violence survivors in NH are governed by NH Statute RSA 173-C:1-10 – Confidential Communications Between Victims and Counselors. Counselors are defined as anyone who is employed, appointed, or volunteers in a domestic violence crisis center who renders support, counseling, or assistance to survivors. Domestic Violence center means any organization or agency. Childcare – MC has partnerships with Head Start, Early Head Start, and other childcare providers in the county to improve access to childcare services for survivors. Parenting programs and support groups – MC has partnerships with three Family Resource Centers in their county. Family Resource Centers are community based programs that provide a variety of services to children and families, including parent education, information and referrals, support groups, mentoring, educational support, cultural events, and individualized referrals for children and families. These services are available to all survivors served through MC. Homeless services – MC staff sit on the Board of the Concord Coalition to End Homelessness, and are members of the BOSCO. These formal relationships support timely connections to homeless services including safe emergency shelter for survivors, and access to available housing. County Navigators – MC employs County Navigators that work directly with the survivors to help them navigate the systems described above. County Navigators help break down barriers, and help survivors quickly access the services they need, including housing, while maintaining safety and confidentiality. All services provided by MC to survivors through the MCAC follow the confidentiality provisions in the Violence Against Women's Act Nondisclosure of Confidential or Private Information. This ensures the safety of all survivors, while allowing MC to quickly connect survivors with permanent housing. 2. MC demonstrates the ability to connect survivors with

services every time they interview survivors at the Advocacy Center. Each survivor that is served through MCAC is provided a Victim Services Advocate during the interview. MC staff meet with the survivor and their family immediately following the interview to discuss any other service needs, and survivors are immediately connected with the services described above if identified as a need by the survivor.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

1. MC will use their existing client centered approach to their work to ensure survivors in the new project have quick access to permanent housing, in the area of the state they choose to live, with a supportive service plan designed to meet their identified needs. Survivors will meet with MC staff for a comprehensive interview and intake, and an individualized service plan will be created with each survivor. MC staff will connect the survivors with the appropriate community resources to meet their individualized goals. MC staff will assist survivors with finding and applying for housing in their desired locations through this project, Public Housing Authorities, CoC programs, and other available housing. 2. MC operates the Merrimack County Advocacy Center (MCAC), where forensic interviews are conducted with children and adult survivors of domestic and sexual violence, or other serious crimes. The mission of the MCAC is to provide all victims of abuse in New Hampshire a neutral environment where justice, healing, equity and prevention are fostered through the consistent, high quality and sustaining collaboration of community partners. MC will continue to use a multidisciplinary team approach that supports the survivors where they have an environment of mutual respect between staff and survivors. Survivors will be considered part of the team, and will have equal decision making in their service plans. 3. All MC staff that work on this project will receive extensive training on trauma informed care specific to working with survivors. Trainings will be provided through the NH Office for Victims of Crime (OVC), the NH Attorney General's (AG) Office – Office of Victim/Witness Assistance, and the NH Coalition Against Domestic and Sexual Violence (NHCADSV). Staff will be trained on how to implement trauma informed practices in their work, and how to share the information with



survivors. 4. MC will train all staff that work on this project on the strengths based coaching model that has been in place through the MCAC since 2009. All interviews and assessments with individuals and families will include strength based questions, and will be used to develop strength based service plans. Staff will help people identify their skills and experiences to help them work towards self-identified goals. 5. All MC staff for this project will follow the standards set through the MCAC for working with survivors. including creating a neutral environment where justice, healing, equity and prevention are fostered through the consistent, high quality and sustaining collaboration of community partners. MC provides program staff with training on cultural competence, nondiscrimination, and equal access. MCAC staff must follow the National Standards of Accreditation for Children's Advocacy Centers, which includes standards for diversity, equity, and access. These standards include essential components including a community assessment for disparities, provisions for non-English-speaking and deaf and hard-of-hearing children and their family members, understanding and tailoring services to the diverse backgrounds and unique needs of the children and families being served, ongoing efforts through formal policies, procedures and practices to recruit, hire, and retain staff, volunteers, and board members who reflect the demographics of the community, and requires all staff to participate in Diversity, Equity, and Inclusion (DEI) training for a minimum of eight hours every two years. These standards are in place for all staff serving DV survivors, and will be implemented for staff in this new project. 6. MC will use their network of community partners through the MCAC by connecting DV survivors with peer support through the local crisis center. The crisis centers hold at least monthly group meetings, and facilitate peer connections as requested. 7. MC staff will use their existing network of partners to ensure survivors served through this project are connected with childcare, Head Start, Early Head Start for childcare opportunities, and with the local Family Resource Centers for parenting education and support groups.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	NH 500 CE Assessm...	11/01/2021
1C-7. PHA Homeless Preference	No	NH 500 PHA Homele...	11/01/2021
1C-7. PHA Moving On Preference	No	NH 500 PHA Moving...	11/01/2021
1E-1. Local Competition Announcement	Yes	NH 500 Local Comp...	11/05/2021
1E-2. Project Review and Selection Process	Yes	NH 500 Project Re...	11/05/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	NH 500 Public Pos...	11/03/2021
1E-5a. Public Posting–Projects Accepted	Yes	NH 500 Public Pos...	11/03/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	NH 500 Housing Le...	11/03/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** NH 500 CE Assessment Tool

## **Attachment Details**

**Document Description:** NH 500 PHA Homeless Preference

## **Attachment Details**

**Document Description:** NH 500 PHA Moving On Preference

## **Attachment Details**

**Document Description:** NH 500 Local Competition Announcement

## **Attachment Details**

**Document Description:** NH 500 Project Review and Selection Process

## **Attachment Details**

**Document Description:** NH 500 Public Posting Projects Rejected

## **Attachment Details**

**Document Description:** NH 500 Public Posting Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** NH 500 Housing Leveraging Commitment

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	09/23/2021
1B. Inclusive Structure	10/13/2021
1C. Coordination	10/28/2021
1C. Coordination continued	10/19/2021
1D. Addressing COVID-19	10/13/2021
1E. Project Review/Ranking	10/28/2021
2A. HMIS Implementation	10/13/2021
2B. Point-in-Time (PIT) Count	09/23/2021
2C. System Performance	10/14/2021
3A. Housing/Healthcare Bonus Points	11/01/2021
3B. Rehabilitation/New Construction Costs	09/23/2021

FY2021 CoC Application	Page 73	11/05/2021
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**3C. Serving Homeless Under Other Federal Statutes**

09/23/2021

**4A. DV Bonus Application**

11/05/2021

**4B. Attachments Screen**

Please Complete

**Submission Summary**

No Input Required

**NH-500**

**FY21 CoC Program NOFA**

**1C-14. Centralized or Coordinated Assessment System**

This file contains the two assessment tools used by NH-500.

- 1) NH Coordinated Entry Initial Prevention and Diversion Tool
- 2) NH COVID-19 Coordinated Entry Assessment



## NH Coordinated Entry Initial Prevention and Diversion Tool

Date October 20, 2021

☐ Walk-In

☐ Call

**Begin Script:** To determine what services may be available for you, I will need to collect some basic information about your current situation. This information is confidential and will only be used to assist you in accessing appropriate resources. You may refuse to answer any question, but doing so may mean you will not be referred to available resources that might best help you in your current situation. Do I have your permission to collect this information?

Do I have your permission to make a referral on your behalf to agencies that may be able to assist you? ☐ Yes ☐ No

Do I have your permission to enter the information you provide into HMIS, including a by-name list, and share it with agencies that may be providing you with assistance? ☐ Yes ☐ No

- |   |  |
|---|--|
| 1. Homeless or At-Risk of Homelessness?                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Currently Fleeing Domestic Violence? <i>(please refer to DV procedure)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Location   |  |
| 4. Phone/Contact Information  |  |
| 5. Anyone in Household Served in Military?                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have own transportation?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. On Probation or Parole?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Sex Offender?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name <small>(Primary/Head of HHLD First)</small>	Relationship to HoH	DOB	Last 4 SSN	Gender	Race



9. **Where did you stay last night?**

- ☐ With a friend/family member/doubled up situation
- ☐ Institutional (Hospital, Jail, Substance Abuse Treatment, Detention Facility)
- ☐ Emergency Shelter or Safe Haven
- ☐ Place not meant for habitation (car, on streets)
- ☐ In a hotel/motel
- ☐ In foster care/group home
- ☐ Transitional or Permanent Housing program(Prevention)
- ☐ In my own housing – rental or owned (Prevention)
- ☐ In other housing (please specify *(free form)*) (Prevention)

Have you been homeless within the last 12 months?

☐ Yes ☐

10. **Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive case management services/ transportation/ limited financial support?**

☐ Yes ☐ No

## PREVENTION / INTERVENTION ONLY

11. **What brought on your housing crisis?**

- ☐ Landlord, Rent, Mortgage ☐ Relationship ☐ Employment ☐ Relocation ☒ Other (explain)

Comments: [Click here to enter text.](#)

12. **Are you safe in your current living situation?**

☐ Yes ☐ No

13. **Do you believe you will become homeless within the next seven(7) days?**

☐ Yes ☐ No

14. **Have you ever been to a shelter or other homeless assistance programs before?**

☐ Yes ☐ No

15. **Household Income \$** [Click here to enter text.](#)

**Additional Comments:**

[Click here to enter text.](#)

## Basic Information

Client Name or Identifier:

Date:

Client Contact Information:

Client Current/frequent Location:

Assessing Organization:

Assessor Name and Email:

## COVID-19 Health Check

1. Do you have a fever? \_\_\_ Yes \_\_\_ No
2. Do you have a cough? \_\_\_ Yes \_\_\_ No
3. Are you experiencing shortness of breath? \_\_\_ Yes \_\_\_ No

*If client answers yes to Questions 1-3, they should be isolated and seek medical attention immediately.*

4. What is your Date of Birth (DOB)? \_\_\_\_\_

## Disabling Condition

Disabling condition can be self-reported by client, observed by assessor, or documented by a medical professional.

- ☐ Yes (may be eligible for PSH unit once document. Chronic eligibility distinguished by program)
- ☐ No (Not eligible for PSH unit but may be eligible for non-PSH housing such as RRH)

## COVID-19 Risk Prioritization Housing Score

**Length of Time Homeless Points: \_\_\_\_\_**

**Max: 3 points**

- ☐ 12 Months or Longer (3 points)
- ☐ 6-12 Months (1 point – note if client is not chronically homeless by HUD definition, fewer housing options may be available)
- ☐ Less than 6 Months (0 points - note if client is not chronically homeless by definition, fewer housing options may be available)

**Most Recent Living Situation Points: \_\_\_\_\_**

**Max: 3 points**

- ☐ Streets or place not meant for habitation (3 points)
- ☐ Emergency Shelter setting (1 point)
- ☐ Other (0 points – check homeless status; likely not eligible for currently funded CoC Program housing)

**COVID-19 Identified Risk Factors Points: \_\_\_\_\_**

**Max: 17 points**

## Age

- ☐ People 75 years and older (3 points)
- ☐ People Between 55-74 (2 point)
- ☐ People under 55 (1 points)

## Underlying Health Conditions

People of all ages with underlying medical conditions, particularly if not well controlled, including (1 point each):

- ☐ People who are experiencing Cancer \_\_\_\_\_
- ☐ People who are experiencing Chronic Kidney Disease \_\_\_\_\_
- ☐ People who have Chronic Lung Disease, including COPD (chronic obstructive pulmonary disease), asthma (moderate to severe), interstitial lung disease, cystic fibrosis, and pulmonary hypertension \_\_\_\_\_
- ☐ People who are experiencing Dementia or other neurological conditions \_\_\_\_\_
- ☐ People who are experiencing Down Syndrome
- ☐ People who are immunocompromised state (including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications) \_\_\_\_\_
- ☐ People experiencing liver disease \_\_\_\_\_

## Balance of State Continuum of Care | COVID 19 Coordinated Entry Assessment

- People with severe obesity (body mass index [BMI] of 30 or higher) \_\_\_\_
- People who are pregnant \_\_\_\_
- People with serious heart conditions, such as heart failure, coronary artery disease, neurovascular disease, or cardiomyopathies \_\_\_\_
- People with sickle cell disease or thalassemia \_\_\_\_
- People experiencing substance abuse disorders \_\_\_\_
- People with type 1 or type 2 diabetes (mellitus) \_\_\_\_
- Other (explain) \_\_\_\_\_

NOTE: Please see the Centers for Disease Control and Prevention's increased risk of severe illness from COVID-19 for people of any age for the following conditions:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

### Housing Barrier Considerations Points: \_\_\_\_\_

Max: 8 points

2 points each if any of the following apply (Yes/ No):

- Reported Past Evictions \_\_\_\_
- Reported Legal/Criminal Issues Related to Housing \_\_\_\_
- Reported Significant Credit Issues \_\_\_\_
- Sex Offender Status \_\_\_\_

**Total Points (Out of 31 potential points): \_\_\_\_\_**

### Other Referral Considerations

1. Access to the Coordinated Entry System can occur through several ways for applicants, and the main access points are described below. If an applicant is having difficulty accessing the coordinated entry system, they can also access the system through contacting BHS, any Regional Access Point, or NH-211.

- **NH 211**

NH 211 is the single point of entry for the entire State of New Hampshire. 2-1-1 New Hampshire is a free health and human service information and referral helpline that serves as the primary entry point for people experiencing a housing instability or crisis. Please call 211 in NH, or 1.866.444.4211 or visit [www.211nh.org](http://www.211nh.org).

- **Balance of State Continuum of Care Coordinated Entry System Regional Access Hubs:**

Regional Access points are listed on our website, which includes physical location, contact person, and hours of operation: <https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

2. Specific Populations Considerations:

- **Military History** – Immediately refer to the following for eligibility screening:

**211** is here to help! The easiest way to reach us is to call 211; below are some other ways to connect to 211 NH.

Phone: Dial 211 or 866-444-4211

TTY Number: 603-634-3388

Mail: 211 New Hampshire PO Box 211 Manchester, NH 03105

- **Fleeing Domestic Violence** – Immediate referral to one or more of the following

New Hampshire Coalition Against Domestic and Sexual Violence, Confidential 24/7 Statewide NH Helplines:

- Domestic Violence: 1-866-644-3574

- Sexual Assault: 1-800-277-5570

- New Hampshire Domestic and Sexual Violence Crisis Center Catchment Areas:

[https://www.nhcadsv.org/uploads/1/0/7/5/107511883/catchment\\_map.pdf](https://www.nhcadsv.org/uploads/1/0/7/5/107511883/catchment_map.pdf)

## Balance of State Continuum of Care | COVID 19 Coordinated Entry Assessment

- **Children under 18:** with suspected child abuse and neglect concerns

Anyone who suspects that a child is being abused or neglected is required by NH Law to call:

DCYF Central Intake Unit

800-894-5533 (In-state only)

603-271-6562

**NH-500**

**FY21 CoC Program NOFA**

**1C-7. PHA Administration Plan Homeless Preference**

This file contains the following PHA Plans demonstrating a Homeless Preference:

- 1) NH Housing and Finance Authority
  - a. Homeless preference for the Housing Choice Voucher Program highlighted
  - b. Preference for individuals At Risk of Becoming Homeless
- 2) Portsmouth Housing Authority
  - a. limited homeless preference highlighted



September 30, 2021

To Whom It May Concern

New Hampshire Housing provides a preference to applicants in the Housing Choice Voucher Program who are Homeless and Rent Burdened/At Risk of Becoming Homeless. The preference language can also be found in the Administrative Plan on our website. [www.nhhfa.org](http://www.nhhfa.org)

**Housing Choice Voucher Program**

**Homeless: A preference is given to applicants who are:**

- (1) Lacking a fixed, regular, and adequate nighttime residence.**
- (2) Residing in Permanent Supportive Housing and qualify for the Moving-On Initiative.** This program is designed to support the 'moving on' of permanent supportive housing tenants who are capable of living in independent community-based housing.

**Rent Burdened/At Risk of Becoming Homeless:** A preference is given to applicants who are:

- (1) Paying more than 50% of their gross income for rent and utilities.
- (2) Temporarily living with friends or relatives.
- (3) Living in a substandard living situation or other temporary placement.
- (4) Victims of domestic violence, dating violence, sexual assault or stalking who are eligible for protections under VAWA.

**Mainstream Voucher Program**

Preference is given to individuals who are non-elderly persons with disabilities:

- (1) Transitioning out of institutional or other segregated settings; or
- (2) Those at serious risk of institutionalization; or
- (3) Residents of permanent supportive housing or a rapid rehousing program who have previously experienced homelessness.**

Please contact me if you have any questions.

Sincerely,

Dee Pouliot  
Managing Director  
Assisted Housing Division

**NEW HAMPSHIRE HOUSING FINANCE AUTHORITY**

32 Constitution Drive, Bedford, NH 03110  
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623  
**NHHFA.org**





## Pre-Application for Admission and Rental Assistance

(MUST USE BLUE OR BLACK INK PEN ONLY. DO NOT USE WHITEOUT)

<b>For Office Use Only:</b>	
Date application received:	Time application received: By:

### WAITING LIST PRIORITY PREFERENCE (If Applicable)

Priority placement is given to applicants who qualify for specific preference categories. The head of household, co-head, or spouse must qualify for a preference for it to be applied. Please note, not all waiting lists have the same preferences. Official documentation must be submitted at time of eligibility determination to prove the household qualifies for the preferences selected below (See "Proof of Preferences" section below). If the household cannot submit documentation to verify a preference or no longer qualifies for a preference, the preference will be removed and waitlist status may change. Please indicate if you qualify for any of the preferences listed below by checking the box next to the appropriate preference.

- ☐ I currently live in the City of Portsmouth or work over 20 hours per week in the City of Portsmouth. (4pts)
- ☐ I am a veteran as verified by the Department of Veteran Affairs or my spouse is a veteran as verified by the Department of Veteran Affairs. (2pts)
- ☐ I am either: a working head of household, or working spouse or person 62 or older, or a person who is unable to work because of their disability. (1pt)
- ☐ I am homeless (Applies to Section 8 only): Applicant must have a Homeless Management Information System (HMIS) number\* and must have a written referral by a service provider. \*Domestic Violence Shelter residents are excluded from having to provide an HMIS number (4pts)

### Proof of Waiting List Priority Placement Preferences

- **Residency in Portsmouth:** Applicant must submit at least one of the following: Rent Receipt, Copy of Lease, Utility Bill, Employer/Agency Record, Driver's License, School Record, Voter Registration Record, Credit Report or Statement from Landlord or Case Manager. Employed in the City of Portsmouth: Notarized Employment Verification Statement signed by employer. *Use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.*
- **Veteran:** Those honorably discharged individuals that performed wartime service as defined by NH RSA 21:50 and their spouses or surviving spouses as verified by United States Government Documents (ex. DD214-Discharge Paperwork with Honorable Discharge, DD215 or DD217. Verification: See RSA 21:50 for documents that may be used to establish an individual's status as a veteran
- **Working, Elderly, or Disabled Family:** Where the head or spouse has been employed at least 20 hours per week for a continuous 18 months preceding selection from Waiting List or from the date the preference was claimed or a person who is disabled or 62 years old or older. This preference must be verified by the employer, disability assistance provider and/or birth certificate.
- **Homelessness Preference (FOR SECTION 8 VOUCHER PROGRAM ONLY):** Limited preference specifically for people who are referred by the following partnering homeless service organizations:

Cross Roads House  
New Generation, Inc.  
Seacoast Mental Health Center

Families in Transition  
Haven



In compliance with HUD's Final Rule - Equal Access to Housing in HUD Programs Regardless of Age, Marital Status, Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status.

Revised 04/2021

## **NH-500**

### **FY21 CoC Program NOFA**

#### **1C-4. PHA Administration Plan Moving On Preference**

This file contains the following PHA Plans demonstrating a Moving On Preference:

- 1) NH Housing and Finance Authority
  - a. Preference for the Housing Choice Voucher Program for applicants who are “Residing in Permanent Supportive Housing and qualify for the Moving-On Initiative” – highlighted
  - b. Preference for the Mainstream Voucher Program for “Residents of permanent supportive housing or a rapid rehousing program who have previously experienced homelessness” – highlighted.
- 2) MOU between NH Housing and Finance Authority and NH Department of Health and Human Services for the Moving On Preference.





September 30, 2021

To Whom It May Concern

New Hampshire Housing provides a preference to applicants in the Housing Choice Voucher Program who are Homeless and Rent Burdened/At Risk of Becoming Homeless. The preference language can also be found in the Administrative Plan on our website. [www.nhhfa.org](http://www.nhhfa.org)

**Housing Choice Voucher Program**

Homeless: A preference is given to applicants who are:

- (1) Lacking a fixed, regular, and adequate nighttime residence.
- (2) Residing in Permanent Supportive Housing and qualify for the Moving-On Initiative. This program is designed to support the 'moving on' of permanent supportive housing tenants who are capable of living in independent community-based housing.

Rent Burdened/At Risk of Becoming Homeless: A preference is given to applicants who are:

- (1) Paying more than 50% of their gross income for rent and utilities.
- (2) Temporarily living with friends or relatives.
- (3) Living in a substandard living situation or other temporary placement.
- (4) Victims of domestic violence, dating violence, sexual assault or stalking who are eligible for protections under VAWA.

**Mainstream Voucher Program**

Preference is given to individuals who are non-elderly persons with disabilities:

- (1) Transitioning out of institutional or other segregated settings; or
- (2) Those at serious risk of institutionalization; or
- (3) Residents of permanent supportive housing or a rapid rehousing program who have previously experienced homelessness.

Please contact me if you have any questions.

Sincerely,

Dee Pouliot  
Managing Director  
Assisted Housing Division

**NEW HAMPSHIRE HOUSING FINANCE AUTHORITY**

32 Constitution Drive, Bedford, NH 03110  
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623  
**NHHFA.org**





**THE NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AND  
THE NEW HAMPSHIRE HOUSING FINANCE AUTHORITY**

**MEMORANDUM OF UNDERSTANDING**

This agreement is executed this 8th day of February, 2021 by and between The New Hampshire Department of Health and Human Services (DHHS) with usual place of business at Hugh Gallen Office Park, Brown Building, 129 Pleasant Street, Concord, New Hampshire and the New Hampshire Housing Finance Authority, a body corporate and politic with a principal place of business at 32 Constitution Drive Bedford, New Hampshire (hereinafter referred to as NHHFA).

**WHEREAS**, NHHFA and DHHS recognize that access to safe and affordable housing is a significant challenge for individuals who have a disability, and

**WHEREAS**, NHHFA and DHHS recognize that individuals with a disability can successfully live in mainstream, integrated housing in the community, and

**WHEREAS**, NHHFA and DHHS recognize the effectiveness of the supported housing model, to maintain an individual's community tenure, in order to further an individual's goals, and

**WHEREAS**, NHHFA and DHHS desire to provide access to additional Housing Choice Vouchers (HCV) to further these mutual goals, and

**WHEREAS**, NHHFA received, from the U. S. Department of Housing and Urban Development (HUD), seventy-five (75) Mainstream vouchers for which persons with disabilities who are residing in Permanent Supportive Housing and qualify for the Moving On Initiative will receive a preference, and

**WHEREAS**, NHHFA agrees that persons with disabilities who are at least 18 and under 62 years of age will be eligible to apply and receive the same preference regardless of age, disability, geographic location, or referral agency, and

**WHEREAS**, DHHS is agreeing to identify and assist eligible applicants in applying for the Mainstream voucher and to connect them with community supportive services to assist these persons with disabilities to become and remain housed in an independent setting, and

**WHEREAS**, NHHFA agrees to assume responsibility for all duties involved in the administration of the HCV Program and the NHHFA's Administrative Plan.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises contained herein, the parties hereto agree to each of the conditions and responsibilities outlined in this agreement as follows:

**NEW HAMPSHIRE HOUSING FINANCE AUTHORITY**

32 Constitution Drive, Bedford, NH 03110  
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623  
NHHFA.org



**1. Responsibilities of NHHFA:**

- a. NHHFA has established a Mainstream program preference for persons with disabilities who are residing in Permanent Supportive Housing and qualify for the Moving On Initiative.
- b. NHHFA will add referrals from DHHS to the Mainstream program to the HCV waitlist according to the date the application is received, in accordance with HUD regulations and NHHFA's Administrative Plan.
- c. NHHFA will provide a point of contact for Mainstream referrals to assist with expediting the processing of Mainstream vouchers.
- d. NHHFA agrees to perform all duties related to the administration of the HCV Program and notify the DHHS of any changes as necessary.
- e. NHHFA will make available their searchable database of available housing units that accept HCV and their accessible housing database.
- f. NHHFA will provide staff to support training and coordination of Mainstream program implementation between DHHS and NHHFA.

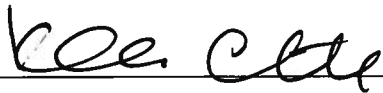
**2. Responsibilities of DHHS:**

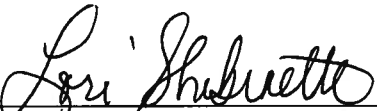
- a. DHHS will identify and refer persons with disabilities who are residing in Permanent Supportive Housing and qualify for the Moving On Initiative to the Mainstream program using an agreed upon referral form.
- b. DHHS (or their agents) will assist persons referred by the Moving On Initiative in completing the HCV application and providing the required verifications needed to determine HCV program eligibility.
- c. DHHS (or their agents) will provide connections to community-based services, tenancy education, connections to utilities and services, support around finances, additional supports for program participants moving to a new home, and aftercare as outlined in the HUD Moving On Services Guide.
- d. DHHS (or their agents) will assist persons with disabilities to secure and to transition/move into units, including physically accessible units where appropriate, on the private rental market.
- e. DHHS (or their agents) will schedule at least one remote check-in with program participants nine months after their initial lease-up to coincide with the timing of recertification packets for the HCV Program to ensure that program participants successfully recertify and maintain their housing.
- f. DHHS will provide staff to support training and coordination of Mainstream program implementation between DHHS and NHHFA.

3. **Consumer Choice:** Unless otherwise determined by the individual's guardian, the parties agree that persons referred for a Mainstream voucher retain the right to decide whether or not they receive services, including aftercare services.
4. **Program Evaluation:** DHHS will provide the following information to NHHFA annually:  
1) how many referrals were made by DHHS; 2) the success rate of households who transition out of PSH into HCV; and 3) the type of supportive services provided and overall success of the program. DHHS and NHHFA will cooperate with HUD, Department of Health and Human Services (HHS), and Centers for Medicare & Medicaid Services (CMS), or any contractors affiliated with HUD, HHS, and CMS in evaluating this program.
5. **Term:** The terms of this agreement will be in effect from the effective date of any Mainstream vouchers awarded by HUD to NHHFA until those vouchers are no longer available to be used for the targeted population.

**IN WITNESS WHEREOF**, the parties hereunto set their hands and seals on the date noted above.


NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

  
\_\_\_\_\_  
Witness

BY:   
\_\_\_\_\_  
Lori Shabinette  
Commissioner

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

  
\_\_\_\_\_  
Witness

BY:   
\_\_\_\_\_  
83A73FB7E06647C...  
Dean J. Christon  
Executive Director

**NH-500**

**FY21 CoC Program NOFA**

**1E-5a Public Posting Projects Accepted.**

- 1) October 25, 2021 – single e-mail project notifications
- 2) Project list with score and rank
- 3) Screenshot of public posting on October 28, 2021
- 4) Email notifying Project applicants that the project list was available online dated November 1, 2021

**From:** [Hatfield, Melissa](#)  
**Bcc:** [Aqri, Jeanne](#); [Alexandra Woodaman \(awoodaman@lrmhc.org\)](#); [Alix Campbell](#); [Amy Finkle \(afinkle@northernhs.org\)](#); ["Ana Pacine"](#); ["Andrea Chrisstoffels"](#); ["Angela Moran"](#); [Angela Webber](#); ["Anna Pousland"](#); ["Anne Marie Dunn"](#); ["Anne Rawson"](#); ["Annemarie Jalbert"](#); [Ashley Gauthier](#); [Ashley Miller \(casemanager@seacoastfamilypromise.org\)](#); ["Beth Daniels"](#); ["Beth Heyward"](#); ["Betsey Andrews-Parker"](#); ["brendonmeatley@veteransinc.org"](#); ["bridgehouseinc@gmail.com"](#); ["C Martin"](#); ["C Meaney"](#); ["c.spitz@crossroadshouse.org"](#); [Caleb Gilbert](#); ["Calvin.Smith@va.gov"](#); ["cameron.ford@headrest.org"](#); ["Cary Gladstone"](#); ["Cathy Bentwood"](#); [Cathy Pellerin \(cpellerin@clphn.org\)](#); [Chertina Walker](#); [Christina Shepard \(Christina.a.shepard@centene.com\)](#); [Cindy Bringham \(cbringham@thewayhomenh.org\)](#); ["clorentz@lacti.org"](#); [Courtemanche, Mai](#); ["Craig Henderson"](#); ["cthomas@bethany.org"](#); ["Cynthialangdon@veteransinc.org"](#); [deborah@free-to-soar.org](#); ["Del Rosso, Donna"](#); ["Denise Bennett"](#); ["Derek Foxwell"](#); [dhaynes@ccfhs.org](#); [Dick; director@bridgesnh.org](#); [director@mcvprevention.org](#); [director@newbeginningsnh.org](#); [Donna Harbison \(donna.harbison@nhhrc.org\)](#); [Donna Marsh \(dmarshcom@comcast.net\)](#); ["DonnaLee Lozeau"](#); [Doug Howard; eAdams@laconiapd.org](#); [Eileen Fernandes \(efernandes@mfs.org\)](#); ["Elissa Margolin \(Elissa@housingactionnh.org\)"](#); [Elizabeth Fourar-Laidi](#); ["Elizabethdimaggio@veteransinc.org"](#); [Ellen Birchander \(Ellen.Birchander@umb.edu\)](#); ["ellen@concordhomeless.org"](#); [Ellie Huot \(HuotE@waypointnh.org\)](#); ["Elliott Berry"](#); ["Emily Reisine \(Emily.Reisine@va.gov\)"](#); ["Eric.harbeck@headrest.org"](#); [Erin Segaloff](#); [Evan Schneider \(e.schneider@harborcarenh.org\)](#); [execdir@belknaphouse.org](#); [execdirector@startingpointnh.org](#); ["flyfisherman.robert@gmail.com"](#); [Freeman \(freemantoth@bm-cap.org\)](#); [Gina Leone \(gleone@amerihealthcaritasnh.com\)](#); [Godbout, Celyne](#); ["gschneider@snhs.org"](#); ["Heather Nelson"](#); [heidmannj@eagles-rest.net](#); [Isaiah 58 \(Isaiah58nh.ray@gmail.com\)](#); ["J Chaisson"](#); ["J MacKay"](#); ["Jane MacKay"](#); ["jcampbell@nhla.org"](#); ["Jeanne Robillard"](#); ["Jeannine Eaton"](#); [Jenni Palkovic](#); ["Jennifer Allie"](#); ["Jennifer Bisson"](#); ["Jennifer.lasalle@wellsense.org"](#); [Jennifer@cccnh.org](#); ["Jenny Connor Belcourt"](#); ["Jessica Capuano"](#); [Jessica Vaughn-Martin](#); [jessicasu@ywcanh.org](#); [Jim Schlosser](#); ["Joe Frappiea"](#); ["johnperson@veteransinc.org"](#); [Joi Smith \(joi@nhcadsv.org\)](#); ["julian.long@rochesternh.net"](#); [Julie Green](#); [Julie Wiggins](#); ["K Letendre"](#); [Karen Riddel \(k.riddel@nhpartnership.org\)](#); [Kathleen Mullin \(kmullin@amerihealthcaritas.com\)](#); [Katie Haley](#); ["Katy M"](#); ["kbates@snhs.org"](#); [kbeebe@havennh.org](#); [Kellie Wszolek \(Kellie.Wszolek@use.salvationarmy.org\)](#); ["Kelly, Erin"](#); ["Ken Beaulieu"](#); ["kgiles@genesisbh.org"](#); ["KGrenier@fitnh.org"](#); ["khoward@bm-cap.org"](#); ["klaroche@smhc-nh.org"](#); ["klavigne@bm-cap.org"](#); [Kori Conroy-Hefler \(kconroy-hefler@lrmhc.org\)](#); ["Kris.Frakes@icalliances.org"](#); ["ksiksi10@gmail.com"](#); ["kwilliams@concordnh.gov"](#); ["lancasterm@cfsnh.org"](#); ["larry@helpinghandoutreach.net"](#); ["Lauren Berman"](#); [Lauren McGinley](#); ["lbrown@friendsprogram.org"](#); [Liane Malossi Kerbyson](#); [Lieutenant Brian Perks \(Brian.Perks@USE.SalvationArmy.Org\)](#); [Lightfoot, Madison \(Shaheen\) \(Madison\\_Lightfoot@shaheen.senate.gov\)](#); ["Linda Douglas"](#); [Linebaugh, Marie](#); [Lisa Rowley](#); [Liz Beaulieu \(liz.beaulieu@nhhrc.org\)](#); ["lwamser@nhla.org"](#); [Lynne Goodwin](#); ["M Pendry"](#); ["M Pritchard"](#); [Mackenzie Baney](#); [Major Mike Davis \(mike.davis@use.salvationarmy.org\)](#); [Mandy Lancaster \(lancasterm@waypointnh.org\)](#); [Marie Poole](#); ["Martha"](#); ["mary@thewayhomenh.org"](#); ["Maryse Wirbal"](#); ["Matt Bouchie"](#); [Matt Duclos \(mduclos@tccap.org\)](#); ["mbagshaw@eastersealsnh.org"](#); ["mbilz@eastersealsnh.org"](#); ["mdoyle@genesisbh.org"](#); ["meads@gnmhc.org"](#); ["Meg Freeman"](#); [meg@voicesnh.org](#); ["Meghan Morrow Raftery"](#); ["Melany Mondello"](#); [Michael Redmond](#); [Michael Reinke](#); [Michaud, Charleen](#); ["mmortimer \(mmortimer@wadleighlaw.com\)"](#); [Morrow, Michelle](#); [Nancy Egner \(negner@fellowshiphousing.org\)](#); [Nathan Hall](#); ["npaul@friendsprogram.org"](#); ["Olga Cruz"](#); [O'Neill, Alison](#); [Palana Belkin \(Palana.Belkin@nhhrc.org\)](#); ["Pam Small"](#); ["PAM@NHCADSV.org"](#); [Paula Corriveau; peggy.oneil@wiseoftheuppervalley.org](#); ["Peter Kelleher \(p.kelleher@nhpartnership.org\)"](#); [Philip Alexakos \(palexako@manchesternh.gov\)](#); ["pthyng@communitypartnersnh.org"](#); ["pwyzik"](#); [Quinci Worthey \(wortheyq@waypointnh.org\)](#); [Rachel Duffy \(rachel@nhcadsv.org\)](#); ["Ray"](#); ["Raymond Alger"](#); [Robyn Malchanoff; rochesteryr@aol.com](#); ["S Turner"](#); ["Sandra Beaudry"](#); ["Sarah Jones \(sjones@straffordcap.org\)"](#); [Sarah Urquhart \(Tele\)](#); ["scontos@eastersealsnh.org"](#); ["Scott A McNeil"](#); ["scpinsonneault@gmail.com"](#); ["Seno@straffordcap.org"](#); ["sftsnh"](#); ["Sharon LaCount McKane"](#); [Simone.Cote@va.gov](#); ["SMorrison@communitypartnersnh.org"](#); ["sschermerhorn@straffordcap.org"](#); ["starleton@straffordcap.org"](#); [Stephanie Gell \(s.gell@harborcarenh.org\)](#); [Stephanie Higgs](#); [Stephanie Savard](#); ["Steve Arnault"](#); ["Steven Gregoire"](#); ["Sunshine Fisk"](#); ["Susan Ford"](#); [Tabitha Methot \(tmethot@amerihealthcaritasnh.com\)](#); [Tamara Whalen](#); ["Tricia Murphy"](#); ["v.talasazan@nhpartnership.org"](#); [Way Station](#); [Will Arvelo](#); ["William Sherry"](#); [Dahlberg, Stephanie](#); [O'Connor, Betsy](#); [Reagan, Mandy](#); [Schott, Kristiane](#); [Young, Heidi](#)  
**Subject:** FY21 Continuum of Care Projects Accepted & Rejected  
**Date:** Monday, October 25, 2021 12:01:00 PM  
**Attachments:** [FY2021 NH-500 Project Ranking List 10.25.2021.pdf](#)

---

FY2021 CoC Program project applicants, and subrecipients, and CoC members,

The NH BoSCoC Ranking Committee met to review, score and rank the submitted FY2021 CoC Program project applications. The NH Balance of State Continuum of Care (NH BoSCoC) FY2021 NH-500 Project Ranking List is attached to this e-mail and represents project that will be submitted as part of NH BoSCoC FY2021 CoC Program Consolidated Application.

The attached document includes a list of accepted projects to be submitted to HUD and it includes the:

- applicant name,



- project name,
- project score,
- project rank, and
- project award amount.

Congratulations to the chosen projects! The NH BoSCoC appreciates your participation in this process and looks forward to working with your agency on these projects. As in previous years, final award and final funding levels is dependent on actual Federal funds availability and awards made to the NH BoSCoC applicants.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm** at [Kristiane.schott@dhhs.nh.gov](mailto:Kristiane.schott@dhhs.nh.gov)

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

**C. Solo Applicant.** Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in *e-snaps* by the application submission deadline of November 16, 2021 at 8:00 PM EST. See NOFO, link below for additional details on specific steps.

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).

4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.
5. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care planning process in a reasonable manner, then HUD may award a grant to the solo applicant when funds next become available and may direct the Continuum of Care to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the award to the Continuum's applicant(s).

Melissa Hatfield, Bureau Chief  
Bureau of Housing Supports  
129 Pleasant St.  
Concord, NH 03301  
P: 603-271-9197  
F: 603-271-5139  
[melissa.l.hatfield@dhhs.nh.gov](mailto:melissa.l.hatfield@dhhs.nh.gov)

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>  
<https://www.facebook.com/NHBHHS/>

Council on Housing Stability website - <https://nhchs.org/>

\*\*Please check out the 2021-2024 Strategic Plan

**ATTENTION:** please visit the [DHHS COVID-19](#) website for the latest COVID-19 information, resources and guidance released for residents, healthcare providers, schools and businesses. Tips and resources to maintain your mental health and information about how to access behavioral health support is also available [at this site](#).



NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	TCCAP PSH II	100	1	\$131,770	
State of NH	CAPSC RRH	99	2	\$230,521	
State of NH	Summer Street Project	87	3	\$47,039	
State of NH	SCS Rapid Re-Housing Program	84	4	\$122,202	
State of NH	McGrath Street Permanent Housing	84	5	\$109,504	
State of NH	SCS Next Steps Permanent Housing Program	83	6	\$224,856	
State of NH	CLM Supportive Housing	81	7	\$764,668	
State of NH	SCS Shelter Plus Care	79	8	\$292,036	
State of NH	TCCAP PSH I Expansion	74	9	\$94,332	
State of NH	FIT Concord Community PSH	72	10	\$224,677	
State of NH	CRH/ CCEH Permanent Supportive Housing Expansion	72	11	\$409,805	
State of NH	Waypoint RRH	71	12	\$205,473	
State of NH	FIT: Dover Permanent Housing	71	13	\$114,722	
State of NH	BMCAP RRH Program	70	14	\$189,436	
State of NH	SCS Permanent Housing Program	70	15	\$174,248	
State of NH	CLM FAMILY HOUSING I	69	16	\$292,405	
State of NH	NHCADSV RRH	66	17	\$262,740	
State of NH	Families in Transition Permanent Housing Program - Concord	66	18	\$70,343	
State of NH	Coordinated Entry DV Project	n/a	19	\$251,355	
State of NH	Homeless Management Information System - Balance of State	n/a	20	\$77,996	
State of NH	NH Coordinated Entry	n/a	21	\$351,403	
			<b>Tier 1</b>	<b>\$4,641,531</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021

NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	NH Coordinated Entry Expansion (new)- BMCAP & SNHS	n/a	22	\$232,077	
			<b>Tier 2</b>	<b>\$232,077</b>	
State of NH	Brigid's House RRH Project (DV Bonus)	57	23	\$188,728	
State of NH	MCHS RRH Project (DV Bonus)	56	24	\$270,485	
State of NH	Planning Grant FY2021	n/a	n/a	\$139,246	
	The following project applications were rejected: Isaiah 58 Purchase of Low Income Housing, Oasis Teen Shelter and Support, CAPSC DV RRH, and TCCAP Burch House.		<b>Total</b>	<b>\$5,283,339</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021

NH Bureau of Homeless and Ho... x +

dhhs.nh.gov/dcbcs/bhhs/index.htm

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Reading list

### Message to FY2021 CoC Program project applicants, and subrecipients, and CoC members

The NH BoSCoC Ranking Committee met to review, score and rank the submitted FY2021 CoC Program project applications. The NH Balance of State Continuum of Care (NH BoSCoC) [FY2021 NH-500 Project Ranking List](#) represents project that will be submitted as part of NH BoSCoC FY2021 CoC Program Consolidated Application.

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- > applicant name,
- > project name,
- > project score,
- > project rank, and
- > project award amount.

Congratulations to the chosen projects! The NH BoSCoC appreciates your participation in this process and looks forward to working with your agency on these projects. As in previous years, final award and final funding levels is dependent on actual Federal funds availability and awards made to the NH BoSCoC applicants.

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BoSCoC Coordinated Entry System (CES)

Sentinel Event Reporting

Contact Homeless & Housing Services

Related Resources

Homeless & Housing Rules

HUD

National Alliance to End Homelessness

NH Coalition to End Homelessness

NH Housing Authority

SAMHSA

CDC Ban on Evictions

NH Housing Relief Program

COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service

Emergency Solutions Grant- CV Public Posting

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NH Bureau of Homeless and Ho... x

dhhs.nh.gov/dcbcs/bhhs/index.htm

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COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless ServiceEmergency Solutions Grant-CV Public Posting

September 3, 2021

The NH-500 Balance of State Continuum of Care (BoSCoC) is seeking new and renewal project applications for the FY21 Continuum of Care Program competition.

49°F Cloudy3:05 PM10/28/2021

**From:** [Hatfield, Melissa](#)  
**Bcc:** [Auri, Jeanne](#); [Alexandra Woodaman \(awoodaman@lrmhc.org\)](#); [Alix Campbell](#); [Amy Finkle \(afinkle@northernhs.org\)](#); ["Ana Pacine"](#); ["Andrea Chrisstoffels"](#); ["Angela Moran"](#); [Angela Webber](#); ["Anna Pousland"](#); ["Anne Marie Dunn"](#); ["Anne Rawson"](#); ["Annemarie Jalbert"](#); [Ashley Gauthier](#); [Ashley Miller \(casemanager@seacoastfamilypromise.org\)](#); ["Beth Daniels"](#); ["Beth Heyward"](#); ["Betsey Andrews-Parker"](#); ["brendonmeatley@veteransinc.org"](#); ["bridgehouseinc@gmail.com"](#); ["C Martin"](#); ["C Meaney"](#); ["c.spitz@crossroadshouse.org"](#); [Caleb Gilbert](#); ["Calvin.Smith@va.gov"](#); ["cameron.ford@headrest.org"](#); ["Cary Gladstone"](#); ["Cathy Bentwood"](#); [Cathy Pellerin \(cpellerin@clphn.org\)](#); [Chertina Walker](#); [Christina Shepard \(Christina.a.shepard@centene.com\)](#); [Cindy Bringham \(cbringham@thewayhomenh.org\)](#); ["clorentz@lacti.org"](#); [Courtemanche, Mai](#); ["Craig Henderson"](#); 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[Reagan, Mandy](#); [Schott, Kristiane](#); [Young, Heidi](#)  
**Subject:** New and Renewal Project Listing publicly available  
**Date:** Monday, November 1, 2021 2:12:00 PM

Good afternoon BOSCO,

Please be advised that the final New and Renewal Project Listing for the Balance of State Continuum of Care is publicly available at the link below. The chart available at this link was updated on 10/28/21, and matches the email notification that was sent out on 10/28/21.

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

Melissa Hatfield, Bureau Chief  
Bureau of Housing Supports  
129 Pleasant St.

Concord, NH 03301  
P: 603-271-9197  
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[melissa.l.hatfield@dhhs.nh.gov](mailto:melissa.l.hatfield@dhhs.nh.gov)

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>  
<https://www.facebook.com/NHBHHS/>

Council on Housing Stability website - <https://nhchs.org/>  
\*\*Please check out the 2021-2024 Strategic Plan

**ATTENTION:** please visit the [DHHS COVID-19](#) website for the latest COVID-19 information, resources and guidance released for residents, healthcare providers, schools and businesses. Tips and resources to maintain your mental health and information about how to access behavioral health support is also available [at this site](#).

## **NH-500**

### **FY21 CoC Program NOFA**

#### **1E-2 Project Review and Selection Process**

This file contains the following documents used to guide the project review and selection process:

- 1) Renewal Project Scoring Tool
  - a. All questions were objective
  - b. System performance measures (green rows) - 30pts of 101 total = 29%
- 2) New Project Scoring Tool
- 3) Spreadsheet showing all renewal project scores and scoring criteria.
- 4) Project listing showing scores and ranking for all submitted projects

## 2021 CoC Program Renewal Project Application Scoring Questions NH-500 Balance of State CoC

Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Project Name: \_\_\_\_\_

Total Score: \_\_\_\_\_

Reviewer (s) Name: \_\_\_\_\_

All renewal projects must meet HUD threshold requirements

1. Project proposes to serve an eligible population for the project type?	Yes	No
2. Project proposes to use eligible costs for the project type?	Yes	No
3. Project applicant and subrecipient(s) are eligible entities?	Yes	No
4. Match is greater than or equal to 30%?	Yes	No
5. Project agrees to participate in CoC Coordinated Entry System (CES), and demonstrates participation in the Homeless Management Information System (HMIS) or other comparable system for DV providers?	Yes	No
6. Recipient and subrecipient meet CoC Program Eligibility requirements?	Yes	No

If any of the above answers are NO, project does not meet threshold and is not eligible for funding consideration.

### PROJECT TYPE

7. Permanent Supportive Housing (PSH)	5 points
Rapid Re-Housing (RRH)	5 points

### POPULATION SERVED<sup>1</sup>

8. % of new households experiencing chronic homelessness?	85 - 100% 6 points	76 - 84% 3 points	70 - 75% 1 point	0 - 69% 0 points
PROJECTS DEDICATED TO DV SURVIVORS % of new households experiencing literal homelessness				

### PROJECT UTILIZATION

9. Did the project serve the number of households it proposed to service in the most recently completed operating year?	90% - 100% 8 points	85 - 89% 5 points	80 - 84% 3 points	65 - 79% 1 point	0 - 64% 0 points
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### PROJECT MEASUREMENTS<sup>2</sup>

10. RAPID EXIT – AVERAGE DAYS FROM PROJECT ENTRY TO RESIDENTIAL MOVE-IN	Up to 6pts				
NON-DV PROJECTS 10a PSH and RRH	15 days or less 6 points	16-30 days 4 points	31-60 days 2 points	61-90 days 1 point	91+days 0 points

<sup>1</sup> Measured within the calendar year

<sup>2</sup> Measured within the calendar year



<i>PROJECTS DEDICATED TO SURVIVORS</i> 10b RRH	30 days or less 6 points	31-60 days 4 points	61-90 days 2 points	91-120 days 1 point	121+ days 0 points
<b>11. HOUSING STABILITY</b>	Up to 10 pts				
<i>NON-DV PROJECTS</i> 11a.i. HOUSEHOLDS PSH - % who stayed in PSH or exited to PH RRH - % who exited to PH	90 - 100% 6 points	85 - 89% 4 points	75 - 84% 2 points	50 - 74% 1 point	0 - 50% 0 points
11a.ii % of leavers who moved to their own housing unit at exit? (permanent tenure)	20 - 100% 4 points	10 - 19% 2 points	Below 10% 0 points		
<i>PROJECTS DEDICATED TO SURVIVORS</i> 11b.i HOUSEHOLDS PSH - % who stayed in PSH or exited to PH? RRH - % who exited to PH?	80 - 100% 6 points	70 - 79% 5 points	60 - 69% 3 points	50 - 59% 1 point	0 - 49% 0 points
11b.ii Safety of Survivors improved?	90 - 100% 4 points	80 - 89% 2 points	0 - 79% 0 points		
12. % of participants whose income from employment increased? <sup>3</sup> (all projects)	20 - 100% 6 points	15 - 19% 3 points	10 - 14% 1 point	0 – 9% 0 points	
13. % of participants whose income from sources other than employment increased? <sup>4</sup> (all projects)	54 - 100% 6 points	45 - 53% 4 points	25 - 44% 1 point	0 – 24% 0 points	
14. % of participants who obtained non-cash mainstream benefits? <sup>5</sup>	56 - 100% 7 points	50 - 55% 3 points	25 - 49% 1 point	0 – 24% 0 points	
15. % of all leavers who exited to shelter, streets, or unknown	0 – 10% 2 points	10–100% 0 points			
<b>16. SEVERITY OF NEEDS AND VULNERABILITY</b>					
16a. % of households who had zero income at entry	20 - 100% 2 points	10- 19% 1 point	0- 10% 0 points		
16b. % of people entering with a disabling condition	20 - 100% 2 points	10- 19% 1 point	0- 10% 0 points		

#### FINANCIAL/HMIS AND POLICY

17. What percentage of the grant was expended? (last operating year)	95 – 100% 7 points	90 – 94% 5 points	85 – 89% 4 points	75 – 84% 3 points	0–75% 0 points
18. Amount of project funds (HUD and match) spent annually per household served	>\$10K 3 points	\$10–\$25K 2 points	\$26 – 50K 1 point	Over 50K 0 points	
19. % of HMIS records with ‘null or missing values’ for universal elements?	0 - 9% 5 points	10 - 15% 2 points	16 - 100% 0 points		

<sup>3</sup> Entry to exit or end of calendar year for individuals in project for over a year

<sup>4</sup> Entry to exit or end of calendar year for individuals in project for over a year

<sup>5</sup> Entry to exit or end of calendar year for individuals in project for over a year

20. Timeliness of data entry?	80 - 100% 3 points	0 - 80% 0 points			
21. APR submittals to BHS?	30 days or > 4 points	Over 30 days 0 points			
22. Attendance of BoSCoC meetings in past year?	6 meetings 6 points	5 meetings 5 points	4 meetings 4 points	3 or less meetings 0 points	

#### EQUITY FACTORS

23. Do your agency management and leadership staff include people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?	Yes 1 point	No 0 Points
24. Does your Board of Directors (or equivalent decision making entity) includes people from typically under-represented populations (black, indigenous, people of color, people who identify as LGBTQIA+, etc.)?	Yes 1 point	No 0 Points
25. Does your Board of Directors (or equivalent decision making entity) include representation from more than one person with lived experience?	Yes 1 point	No 0 Points
26. Subrecipient Agency will commit to working with HMIS lead to develop a schedule for reviewing HMIS/ Comparable database data with disaggregation by race, ethnicity, gender identity, and/ or age within the next year.	Yes 1 point	No 0 Points

#### HOUSING FIRST

ATTACH a copy of your project's policies, rules and any other standard participation agreements to your project application

27. Will your project continue to serve a high percentage of people with significant barriers to stability?

- ☐ Having little or no income (1 point)
- ☐ Active or history of substance abuse (1 point)
- ☐ Having a criminal record with the exception of state-mandated restrictions (1 point)
- ☐ Active or history of mental illness (1 point)

28. Will your project ensure participants are not terminated for the following reasons?

- ☐ Failure to participate in supportive services (1 point)
- ☐ Failure to make progress on a service plan (1 point)
- ☐ Loss of income or failure to improve income (1 point)
- ☐ Being a victim of domestic violence (1 point)
- ☐ Any other activity not covered in a lease agreement typically found in the region (1 point)

TOTAL POINTS: 101

Data Sources: HMIS, Comparable Database for Victim Service Providers, APRs, project application materials, CoC administrative records

## 2021 CoC Program New Project Application Scoring Questions NH-500 Balance of State CoC

Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Project Name: \_\_\_\_\_

Total Score: \_\_\_\_\_

Reviewer (s) Name: \_\_\_\_\_

All new projects must meet HUD threshold requirements

1. Project proposes to serve an eligible population for the project type?	Yes	No
2. Project proposes to use eligible costs for the project type?	Yes	No
3. Project applicant and subrecipient(s) are eligible entities?	Yes	No
4. Match is greater than or equal to 30%?	Yes	No
5. Project agrees to participate in CoC Coordinated Entry System (CES), and Homeless Management Information System (HMIS) or other comparable system for DV providers?	Yes	No
6. Project agrees to use Housing First principles and be low barrier?	Yes	No
7. Recipient and subrecipient meet CoC Program Eligibility requirements?	Yes	No

If any of the above answers are NO, project does not meet threshold and is not eligible for funding consideration.

### POPULATION PROPOSED TO BE SERVED

8. % of new households experiencing chronic homelessness?	85 - 100% 10 points	76 - 84% 5 points	70 - 75% 2 points	65-69% 1 point	0-64% 0 points
PROJECTS DEDICATED TO DV SURVIVORS % of new households experiencing literal homelessness					

### EXPERIENCE

9. Does the applicant have experience in effectively utilizing HUD, State, or other Federal grants for the proposed activities?	Yes 7 points	No 0 points
10. Does applicant describe basic organization and management structure to successfully implement the project?	Up to 6 points	
NOTE: DV Projects must also address how participant safety has been improved in the past		

### PROJECT DESCRIPTION AND BUDGET

11. Did the project application provide a clear description of the project type, scale, location, and supportive services to obtain or remain in permanent housing?	Up to 10 points
11a. For Permanent Housing Projects - clearly described how participants will be assisted in obtaining and maintaining permanent housing?	Up to 9 Points
11b. If SSO-CE, does the application specifically describe linkages to permanent housing opportunities will be improved through the expansion or enhancement proposed in the Coordinated Entry Project?	Up to 9 Points
12. Project clearly describes specific plan to coordinate and integrate with other mainstream health, social services, and employment program for which program participants may be eligible?	Up to 10 points
13. Is the proposed budget clear and realistic to carryout proposed activities?	Up to 9 points

**CoC Participation (BoS Meetings)**

14. Attendance of BoSCoC meetings in past year?	6 meetings	5 meetings	4 meetings	3 or less meetings
	6 points	5 points	4 points	0 points

**REALLOCATION**

15. Did the agency reallocate a project this year?	Yes	No
	5 points	0 points

**DV PROJECTS ONLY**

16. Is your agency a Victim Service Provider Agency?	Yes	No
	2 points	0 points

**COST EFFECTIVENESS- Housing Projects only: NOT SSO-CE**

17. Amount of project funds (HUD and match) proposed per household?	>\$10K	\$10–\$25K	\$26 – 50K	Over 50K
	3 points	2 points	1 point	0 points

**EQUITY FACTORS**

18. Agency management and leadership positions include representation from any of the following groups: black, indigenous, people of color, people who identify as LGBTQIA+?	Yes	No
	1 point	0 Points
19. Board of Directors (or equivalent decision making entity) includes representation from any of the following groups: black, indigenous, people of color, people who identify as LGBTQIA+?	Yes	No
	1 point	0 Points
20. Board of Directors (or equivalent decision making entity) include representation from persons with lived experience?	Yes	No
	1 point	0 Points
21. Subrecipient Agency will commit to working with HMIS lead to develop a schedule for reviewing HMIS/ Comparable database data with disaggregation by race, ethnicity, gender identity, and/ or age within the next year.	Yes	No
	1 point	0 Points

**PARTNERING WITH HEALTH CARE RESOURCES AND HOUSING RESOURCES**

22. Project has a least one formal written agreement with a health care organization to provide services to participants? <sup>1</sup>	25% of units	Under 25% of units	No
	5 points	2 points	0 points
23. Project has at least one written document committing subsidy/units to the project that is not funded through COC or ESG programs? <sup>2</sup>	25% of units	Under 25% of units	No
	5 points	2 points	0 points

TOTAL POINTS: 100

<sup>1</sup> Access to treatment or recovery services for all program participants who qualify and choose services **OR** 25% of funding being requested for the project will be covered by the healthcare organization. Must be direct contributions, provision of health services to be tailored to program participants, and eligibility must comply with HUD program and Fair housing requirements.

<sup>2</sup> PSH projects where at least 25 percent of units included in projects **OR** RRH projects 25 percent of the anticipated participants will be housed with funds other than CoC or ESG.

2021 Renewal Project Scoring  
Rank

				BMCAP RRH	CAPSC RRH	CLM FH I	CLM Supportive Housing (Consolidation grant)	CRH/CCEH PSH Expansion	FIT Concord Community PSH (Consolidation grant)	FIT PHP Concord	FIT: Dover PH	McGrath Street PH	NHCASDV RRH	SCS Next Steps PHP (Consolidation grant)	SCS Permanent Housing Program (Consolidation grant)	SCS RRH Program	SCS S+C	Summer Street Project	TCCAP PSH I Expansion	TCCAP PSH II	Waypoint RRH
Project																					
Program Name:																					
Total Score				70	99	69	81	72	72	66	71	84	66	83	70	84	79	87	74	100	71
Summary				MAX	MIN	Range															
7. Project Type				5	0	5															
8. Population Served				6	0	6															
9. Program Utilization				8	0	8															
10-16: Project Measurements				41	0	41															
17-22: Financial/ HMIS and Policy				28	0	28															
23-26: Equity Factors				4	0	4															
27-28: Housing First				9	0	9															
Total Possible Points				101	0	101															
				MAX	MIN	Range															
7. Project Type				5	0	5															
Permanent Supportive Housing				5	0	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
Rapid Re-Housing				5	0	5															
Population Served				6	0	6															
8a. Percentage of NEW households experiencing chronic homelessness?																					
85-100%				6	0	6	0	6	0	3	6	6	0	0	0	0	0	0	0	6	0
76-84%				3	0	3															
70-75%				1	0	1															
0-69%				0	0	0															
8b. PROJECTS DEDICATED TO DV Survivors																					
% of new households experiencing literal homelessness																					
85-100%				6	0	6							6								
76-84%				3	0	3															
70-75%				1	0	1															
0-69%				0	0	0															
Program Utilization				8	0	8															
9. Did the project serve the number of participants/ households it proposed to service in the most recently completed operating year? NOTE: if the project is in its first operating year, full points will be awarded.																					
90-100%				8	0	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
85-89%				5	0	5															
80-84%				3	0	3															
65-79%				1	0	1															
Below 65%				0	0	0															
Program Measurements				41	0	41															
10. Rapid Exits- Average days from project Entry to Residential Move-In																					
10a: Non-DV Projects PSH and RRH																					
15 Days or less				6	0	6	6	6	6	6	6	6		6	6	6	6	6	6	6	6
16-30 days				4	0	4															
31-60 days				2	0	2															
61-90 days				1	0	1															
91+days%				0	0	0															
10b: Projects Dedicated to Survivors																					
30 days or less				6	0	6							6								
31-60 days				4	0	4															
61-90 days				2	0	2															
91-120 days				1	0	1															
121+ days				0	0	0															
11. Housing Stability				10	0	10															
11.a.i: Households%																					
PSH- % of who stayed in PSH or exited to PH																					
RRH- % who exited to PH																					
90-100%				6	0	6	6	6	6	6	2	2		6	6	6	4	6	6	6	6
85-89%				4	0	4															
75-84%				2	0	2															
50-74%				1	0	1															
0-50%				0	0	0															
11.a.ii: % of leavers who moved to their own housing unit at ext (permanent tenure)																					
20-100%				4	0	4	4	4	0	0	0	4	4	4	0	4	0	4	4	4	4
10-19%				2	0	2															
Below 10%				0	0	0															
Projects dedicated to survivors or run by Victim Service Providers (VSP)																					
11.b.i Households																					
PSH- % who stayed in PSH or exited to PH?																					
RRH - % who exited to PH?																					
80-100%				6	0	6							6								
70-79%				5	0	5															
60-69%				3	0	3															
50-59%				1	0	1															
0-49%				0	0	0															
11.b.ii. Safety of Survivors Improved																					
90-100%				4	0	4							4								

## 2021 Renewal Project Scoring

Rank																						
Project	BMCAP RRH	CAPSC RRH	CLM FH I	CLM Supportive Housing (Consolidation grant)	CRH/CCEH PSH Expansion	FIT Concord Community PSH (Consolidation grant)	FIT PSH Concord	FIT: Dover PH	McGrath Street PH	NHCASDV RRH	SCS Next Steps PSH (Consolidation grant)	SCS Permanent Housing Program (Consolidation grant)	SCS RRH Program	SCS S+C Project	Summer Street Project	TCCAP PSH I Expansion	TCCAP PSH II	Waypoint RRH				
Program Name:																						
Total Score	70	99	69	81	72	72	66	71	84	66	83	70	84	79	87	74	100	71				

80-89% 2 0 2  
79% or less 0 0 0

## ALL PROJECTS

## 12. INCREASED PROJECT PARTICIPANTS EARNED INCOME

% of participants whose income from employment increased?

20-100% 6 0 6 # # 0 0 0 0 6 3 0 0 6 0 6 3 3 6 6 6  
15-19% 3 0 3  
10-14% 1 0 1  
0-9% 0 0 0

## 13. INCREASED PROJECT PARTICIPANTS' UNEARNED INCOME: Percentage of participants whose income increased from sources other than employment from program entry to program exit date, or for individuals who participated in program for over a year

54-100% 6 0 6 0 6 4 6 6 6 1 4 6 0 1 0 1 6 6 0 6 0  
45-53% 4 0 4  
25-44% 1 0 1  
0-24% 0 0 0

## 14. INCREASED NUMBER OF PARTICIPANTS OBTAINING NON-CASH MAINSTREAM BENEFITS: Percentage of participants' who obtained non-cash mainstream benefits from program entry to program exit or end of calendar year?

56-100% 7 0 7 7 7 1 7 7 7 7 7 1 7 0 3 7 7 1 7 1  
50-55% 3 0 3  
25-49% 1 0 1  
0-24% 0 0 0

## 15. REDUCING RECEIVISM: Percentage of all leavers who exited to shelter, streets or unknown

\*10% or less 2 0 2 2 2 2 2 0 2 2 2 2 2 2 0 2 2 2 2 0  
\*Over 10% = 0 points 0 0 0

## 16. SEVERITY OF NEEDS AND VULNERABILITY

## 16.a. ADMISSION INCOME: PERCENTAGE OF HOUSEHOLDS/ INDIVIDUALS WHO HAD ZERO INCOME AT ENTRY

20% or higher 2 0 2 2 2 2 1 2 2 0 0 1 2 1 2 2 2 2 2  
10-19% 1 0 1  
Below 10% 0 0 0

## 16.b. PEOPLE ENTERING WITH A DISABLING CONDITION

20% OR HIGHER 2 0 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2  
10-19% 1 0 1  
Below 10% 0 0 0

## Financial/ HMIS and Policy

28 0 28

## 17. What percentage of the grant was expended for the last full operating year?

95-100% 7 0 7 7 7 3 3 4 4 0 7 7 3 7 7 7 7 7 3 7 7  
90-94% 5 0 5  
85-89% 4 0 4  
75-84% 3 0 3  
0-74% 0 0 3

## 18. Amount of project funds (HUD and match) spent annually per household served

>\$10K 3 0 3 2 3 2 2 2 2 3 2 3 3 2 2 2 2 3 2  
\$10 - \$25 K 2 0 2  
\$26 - \$50K 1 0 1  
Over \$50K 0 0 0

## 19. Percentage of HMIS client records with "null or missing values" for each Universal Data Element \*BHS will provide report for each renewal project. If the project is required by law to use comparable database (eg victim service providers), the same data standards apply based on the data reporting provided to the COC.

0-9% 5 0 5 0 5 2 5 5 0 0 0 5 0 5 5 5 5 0 5 5 5  
10-15% 2 0 2  
16-100% 0 0 0

## 20. Timeliness of data entry into HMS or comparable database as required by victim service providers

80% or above 3 0 3 0 3 3 3 0 3 0 0 3 0 3 3 0 3 0 3 0  
Below 80% 0 0 0

## 21. Timeliness of APR submittals to BHS?

30 days or less 4 0 4 0 4 4 4 0 4 4 4 4 0 4 4 4 4 4 4 0  
Over 30 days 0 0 0

## 22. What number of BoSCoC meetings in the past year was your organization/agency represented?

6 Meetings 6 0 6 6 5 6 6 6 5 5 5 6 5 6 6 5 5 5 5  
5 Meetings 5 0 5  
4 Meetings 4 0 4  
3 Meetings or less 0 0 0

11

NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	TCCAP PSH II	100	1	\$131,770	
State of NH	CAPSC RRH	99	2	\$230,521	
State of NH	Summer Street Project	87	3	\$47,039	
State of NH	SCS Rapid Re-Housing Program	84	4	\$122,202	
State of NH	McGrath Street Permanent Housing	84	5	\$109,504	
State of NH	SCS Next Steps Permanent Housing Program	83	6	\$224,856	
State of NH	CLM Supportive Housing	81	7	\$764,668	
State of NH	SCS Shelter Plus Care	79	8	\$292,036	
State of NH	TCCAP PSH I Expansion	74	9	\$94,332	
State of NH	FIT Concord Community PSH	72	10	\$224,677	
State of NH	CRH/ CCEH Permanent Supportive Housing Expansion	72	11	\$409,805	
State of NH	Waypoint RRH	71	12	\$205,473	
State of NH	FIT: Dover Permanent Housing	71	13	\$114,722	
State of NH	BMCAP RRH Program	70	14	\$189,436	
State of NH	SCS Permanent Housing Program	70	15	\$174,248	
State of NH	CLM FAMILY HOUSING I	69	16	\$292,405	
State of NH	NHCADSV RRH	66	17	\$262,740	
State of NH	Families in Transition Permanent Housing Program - Concord	66	18	\$70,343	
State of NH	Coordinated Entry DV Project	n/a	19	\$251,355	
State of NH	Homeless Management Information System - Balance of State	n/a	20	\$77,996	
State of NH	NH Coordinated Entry	n/a	21	\$351,403	
			<b>Tier 1</b>	<b>\$4,641,531</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021



NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	NH Coordinated Entry Expansion (new)- BMCAP & SNHS	n/a	22	\$232,077	
			<b>Tier 2</b>	<b>\$232,077</b>	
State of NH	Brigid's House RRH Project (DV Bonus)	57	23	\$188,728	
State of NH	MCHS RRH Project (DV Bonus)	56	24	\$270,485	
State of NH	Planning Grant FY2021	n/a	n/a	\$139,246	
	The following project applications were rejected: Isaiah 58 Purchase of Low Income Housing, Oasis Teen Shelter and Support, CAPSC DV RRH, and TCCAP Burch House.		<b>Total</b>	<b>\$5,283,339</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021

**NH-500**

**FY21 CoC Program NOFA**

**1E-5 Public Posting – Projects Rejected or Reduced**

This file contains the following documents used to notify rejected project applications:

- 1) 4 Emails sent to Rejected Applicants, with 4 Signed rejection letters that were attached to email sent to rejected applicants
- 2) Appeal email and letter from Rejected Applicant
- 3) Written response to Appeal

**From:** [Schott, Kristiane](#)  
**To:** [Lauren Berman](#); [Betsey Andrews-Parker \(bandrewsparker@straffordcap.org\)](mailto:bandrewsparker@straffordcap.org)  
**Cc:** [Hatfield, Melissa](#)  
**Subject:** FY2021 Project Notification for CoC Consolidated Application  
**Date:** Monday, October 25, 2021 12:00:08 PM  
**Attachments:** [CAPSC Letter 10.25.2021.pdf](#)

---

Thank you for your application for funding to the NH Balance of State Continuum of Care (NH BoSCoC) as part of our FY 2021 CoC Program competition.

Your project was not selected for funding. The project did not pass HUD's threshold requirements and therefore is not eligible for funding consideration and was rejected by the committee-see attached letter. You may contact me if you would like more specifics on your project application. I will be sending further feedback at a later date.

The NH BoSCoC and Bureau of Housing Supports appreciates your participation in this process and we encourage you to continue to participate in NH BoSCoC activities in the future.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm** at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov).

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

**C. Solo Applicant.** Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in *e-snaps* by the application submission deadline of November 16, 2021 at 8:00 PM EST. See NOFO, link below for additional details on specific steps.

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to

- appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
  3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
  4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.

Thank you,  
Kristi Schott, MA  
CoC Administrator II  
Bureau of Housing Supports/ DHHS  
129 Pleasant Street  
Concord, NH 03301  
Cell: (603)573-6144  
Office: (603)271-9194

**ATTENTION: please visit the [DHHS COVID-19](#) website for the latest COVID-19 information, resources and guidance released for residents, healthcare providers, schools and businesses. Tips and resources to maintain your mental health and information about how to access behavioral health support is also available [at this site](#).**

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

<https://www.facebook.com/NHBHHS/>

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October 25, 2021

Betsey Andrews-Parker, CEO  
Community Action Program of Strafford County  
577 Central Ave  
Dover, NH 03820

Dear Betsey Andrews-Parker,

We regret to inform you that your project, Oasis Teen Shelter and Support, is not eligible for FY2021 CoC Program funds and as such will not be included in the project list for the NH Balance of State Continuum of Care (NH BoSCoC) FY2021 CoC Program NOFA submission.

During the project application review to ensure compliance with all HUD CoC Program requirements, it was revealed that your project did not meet threshold requirements for the FY2021 COC Program New Project Application Requirements.

The project proposed the following ineligible requirements:

1. The project did not agree to be low barrier per Questions 14 on the FY2021 BoSCoC New Project Application.
2. The project did not meet the 30% match requirement as required. The subrecipient agency submitted \$39,666.25 in match and the 30% match requirement was \$122,440.50.

If you wish to submit an appeal, please send to me, Kristi Schott at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov), by **October 26<sup>th</sup>, 2021 by 4 pm** and I will submit to the review committee for consideration.

Sincerely,

A handwritten signature in black ink that reads "Kristi Schott". The signature is written in a cursive style with a large, sweeping initial "K".

Kristi Schott

CoC Program Administrator II  
Bureau of Housing Supports

**From:** [Schott, Kristiane](#)  
**To:** [Matt Duclos \(mduclos@tccap.org\)](#)  
**Cc:** [Sheretta Davis](#); [Sarah Wright \(Swight@tccap.org\)](#); [Kristy Letendre](#); [Hatfield, Melissa](#)  
**Subject:** FY2021 COC NOFO notice re new project application  
**Date:** Monday, October 25, 2021 11:46:54 AM  
**Attachments:** [TCCAP letter 10.25.2021.pdf](#)

---

Thank you for your application for funding to the NH Balance of State Continuum of Care (NH BoSCoC) as part of our FY 2021 CoC Program competition.

Your project was not selected for funding. The project did not pass HUD's threshold requirements and therefore is not eligible for funding consideration and was rejected by the committee-please see the attached letter. You may contact me if you would like more specifics on your project application. I will be sending further feedback at a later date.

The NH BoSCoC and Bureau of Housing Supports appreciates your participation in this process and we encourage you to continue to participate in NH BoSCoC activities in the future.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm** at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov).

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

**C. Solo Applicant.** Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in *e-snaps* by the application submission deadline of November 16, 2021 at 8:00 PM EST. See NOFO, link below for additional details on specific steps.

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to

appeal, with a copy to the CoC, with their funding application.

2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.
5. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care planning process in a reasonable manner, then HUD may award a grant to the solo applicant when funds next become available and may direct the Continuum of Care to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the award to the Continuum's applicant(s).

Thanks,

Kristi Schott, MA

CoC Administrator II

Bureau of Housing Supports/ DHHS

129 Pleasant Street

Concord, NH 03301

Cell: (603)573-6144

Office: (603)271-9194

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<https://www.facebook.com/NHBHHS/>

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October 25, 2021

Mathieu Duclos, Program Director

TCCAP

30 Exchange Street

Berlin, NH 03570

Dear Mathieu Duclos,

We regret to inform you that your project application submitted on October 8, 2021, for \$121589.60, **unknown name**, is not eligible for FY2021 CoC Program funds and as such will not be included in the project list for the NH Balance of State Continuum of Care (NH BoSCoC) FY2021 CoC Program NOFA submission.

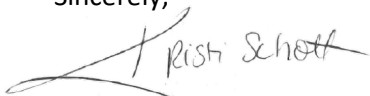
During the project application review to ensure compliance with all HUD CoC Program requirements, it was revealed that your project did not meet threshold requirements for the FY2021 COC Program New Project Application Requirements.

The project proposed the following ineligible requirements:

1. The project proposed to use ineligible costs for the project type as the proposed project application was for a Rapid-Re Housing Domestic Violence Bonus Project. The project requested operations funds, for the project, which is not an eligible for this project type. RRH project may use Continuum of Care (COC) Project funds to provide up to 24 months of tenant-based rental assistance and/ or supportive services as needed to help a program participant quickly move into permanent housing and achieve housing stability.

If you wish to submit an appeal, please send to me, Kristi Schott at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov), by **October 26<sup>th</sup>, 2021 by 4 pm** and I will submit to the review committee for consideration.

Sincerely,

A handwritten signature in black ink that reads "Kristi Schott". The signature is written in a cursive, flowing style with a large initial "K".

Kristi Schott

CoC Program Administrator II

Bureau of Housing Supports



**From:** [Schott, Kristiane](#)  
**To:** [Ray Bonin](#)  
**Cc:** [Hatfield, Melissa](#)  
**Subject:** FY2021 Project Notification for COC Consolidated Application  
**Date:** Monday, October 25, 2021 1:27:17 PM  
**Attachments:** [Isaiah Letter 10.25.2021.pdf](#)

---

Thank you for your application for funding to the NH Balance of State Continuum of Care (NH BoSCoC) as part of our FY 2021 CoC Program competition.

Your project was not selected for funding. The project did not pass HUD's threshold requirements and therefore is not eligible for funding consideration and was rejected by the committee-please see attached letter. You may contact me if you would like more specifics on your project application. I will be sending further feedback at a later date.

The NH BoSCoC and Bureau of Housing Supports appreciates your participation in this process and we encourage you to continue to participate in NH BoSCoC activities in the future.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm** at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov).

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

**C. Solo Applicant.** Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in *e-snaps* by the application submission deadline of November 16, 2021 at 8:00 PM EST. See NOFO, link below for additional details on specific steps.

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to

- appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
  3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
  4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.

Kristi Schott, MA  
CoC Administrator II  
Bureau of Housing Supports/ DHHS  
129 Pleasant Street  
Concord, NH 03301  
Cell: (603)573-6144  
Office: (603)271-9194

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<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

<https://www.facebook.com/NHBHHS/>

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October 25, 2021

Ray Bonin

Executive Director

Isaiah 58

Dear Ray Bonin,

We regret to inform you that your project, Isaiah 58 Purchase of Low Income Housing, is not eligible for FY2021 CoC Program funds and as such will not be included in the project list for the NH Balance of State Continuum of Care (NH BoSCoC) FY2021 CoC Program NOFA submission.

During the project application review to ensure compliance with all HUD CoC Program requirements, it was revealed that your project did not meet threshold requirements for the FY2021 BoSCoC Program New Project Application Scoring Questions.

The project did not meet the following threshold requirements per the FY2021 CoC Program New Project Application Scoring Questions:

1. Per Question 1: The project application did not describe the target population that this project would served, as required under Question 6 on the new Project Application for FY2021 nor did it indicate the type of project as required under Question 20;
2. Per Question 2: The proposed project application provide incomplete and inconsistent information in regards to eligible costs for the project. The project application did not have any costs selected funding being requested under Question 39, then requested Rental assistance under Question 39, and in the Summary Budget- requested Leased Units funding; and
3. The proposed application stated that the subrecipient agency was seeking \$175,000 to support the unit rent of a subrecipient owned 4 unit condo. The subrecipient agency requested leasing funds in the Summary budget for the proposed project. Under 24 CFR 578.49(a)(1) (COC Program Interim Rule)- Leasing funds may not be used to lease units or structures owned by the recipient, subrecipient, their parent organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause.
4. The project did not meet the 30% match requirement as required. The subrecipient agency submitted \$50,000 in match and the 30% match requirement was \$52,500.

If you wish to submit an appeal, please send to me, Kristi Schott at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov), by **October 26<sup>th</sup>, 2021 by 4 pm** and I will submit to the review committee for consideration.

Sincerely,



Kristi Schott

CoC Program Administrator II

Bureau of Housing Supports

**From:** [Schott, Kristiane](#)  
**To:** [Cathy Pellerin](#)  
**Cc:** [Hatfield, Melissa](#)  
**Subject:** FY2021 NOFO notice  
**Date:** Monday, October 25, 2021 11:41:17 AM  
**Attachments:** [Oasis letter 10.25.2021.pdf](#)

---

Thank you for your application for funding to the NH Balance of State Continuum of Care (NH BoSCoC) as part of our FY 2021 CoC Program competition.

Your project was not selected for funding. The project did not pass HUD's threshold requirements and therefore is not eligible for funding consideration and was rejected by the committee-please see the attached letter. You may contact me if you would like more specifics on your project application. I will be sending further feedback at a later date.

The NH BoSCoC and Bureau of Housing Supports appreciates your participation in this process and we encourage you to continue to participate in NH BoSCoC activities in the future.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov).**

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

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3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.
5. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care planning process in a reasonable manner, then HUD may award a grant to the solo applicant when funds next become available and may direct the Continuum of Care to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the award to the Continuum's applicant(s).

Thank you,

Kristi Schott, MA

CoC Administrator II

Bureau of Housing Supports/ DHHS

129 Pleasant Street

Concord, NH 03301

Cell: (603)573-6144

Office: (603)271-9194

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<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

<https://www.facebook.com/NHBHHS/>

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October 25, 2021

Cathy Pellerin

Executive Director

Claremont Learning Partnership

169 Main Street

Claremont, NH 03743

Dear Cathy Pellerin,

We regret to inform you that your project, Oasis Teen Shelter and Support, is not eligible for FY2021 CoC Program funds and as such will not be included in the project list for the NH Balance of State Continuum of Care (NH BoSCoC) FY2021 CoC Program NOFA submission.


During the project application review to ensure compliance with all HUD CoC Program requirements, it was revealed that your project did not meet threshold requirements for the FY2021 COC Program New Project Application Requirements.

The project proposed the following ineligible requirements:

1. The project did not agree to use to be low barrier per Questions 14 through 15 on the FY2021 BoSCoC New Project Application.

If you wish to submit an appeal, please send to me, Kristi Schott at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov), by **October 26<sup>th</sup>, 2021 by 4:30 pm** and I will submit to the review committee for consideration.

Sincerely,



Kristi Schott

CoC Program Administrator II

Bureau of Housing Supports

Claremont Learning Partnership  
169 Main Street  
Claremont, NH 03743  
603-287-7120  
claremontlearningpartnership@gmail.com



October 25, 2021

To Whom it May Concern;

Please accept this letter of appeal regarding our NH Balance of State Continuum of Care (NH BoSCoC) FY 2021 CoC Program competition. As a new project, this is the first attempt at submitted an application for NH Balance of State Continuum of Care funding. We misread questions number 14 and 15. When asked in question 14, "will the project ensure that participants are not screened out based on the following items" and were asked to select all that apply, we mistakenly checked the none of the above box. This meant to us that having too little or no income, active or history of substance use, having a criminal record with exceptions for state-mandated restrictions, and a history of victimization (e.g., domestic violence, sexual assault, childhood abuse) would not be a barrier. In retrospect, all four of the boxes should have been checked as we have no intention of having the above issues be barriers for the young adults that we work with.

Regarding question 15 "will the project ensure that participants are not terminated from the program for any of the following", the same mistake was made. We will not terminate any of our young adults from our program based on the following: failure to participate in supportive services, failure to make progress on a service plan, loss of income or failure to improve income, or any other activity/reason not covered in a lease agreement typically found for unassisted persons in the projects geographic area. Again, all four of the boxes should have been checked instead of the "none of the above" box.

Please feel free to contact me if any questions arise as a result of this appeal.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cathy Pellerin".

Cathy Pellerin- Executive Director  
Claremont Learning Partnership  
169 Main Street  
Claremont, NH 03743  
603-287-7120



**From:** [Cathy Pellerin](#)  
**To:** [Hatfield, Melissa](#)  
**Subject:** appeal  
**Date:** Tuesday, October 26, 2021 9:36:27 AM  
**Attachments:** [BoS appeal.docx](#)

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**EXTERNAL:** Do not open attachments or click on links unless you recognize and trust the sender.

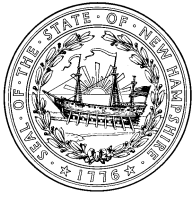
---

Hi Melissa,

Please accept this email as proof that we would like to file an appeal regarding the decision made regarding the NH Balance of State Continuum of Care Funding Competition. Please see the attached word document for our grounds of appeal.

Please let me know how to proceed from here,

Cathy Pellerin- Executive Director  
Claremont Learning Partnership  
169 Main Street  
Claremont, NH 03743  
603-287-7120 (office)  
603-558-2065 (cell)



Lori A. Shibinette  
Commissioner

Christine L. Santaniello  
Associate Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION OF ECONOMIC & HOUSING STABILITY*

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9404 1-800-852-3345 Ext. 9404  
Fax: 603-271-4230 TDD Access: 1-800-735-2964 [www.dhhs.nh.gov](http://www.dhhs.nh.gov)

October 28, 2021

Dear Cathy Pellerin;

The Balance of State Continuum of Care Executive Committee held an emergency conference call on the afternoon of October 27, 2021. After a review of the Oasis Teen Shelter and Support application, the Continuum of Care NOFA Detailed Instructions, HUD guidance, the Balance of State Continuum of Care Rank and Review Policy, and guidance from the Technical Assistance Collaborative, the decision to reject the Oasis Teen Shelter and Support application for FY2021 Continuum of Care Program funds stands. The application will not be included in the project list for the NH Balance of State Continuum of Care FY2021 CoC Program NOFA submission.

In your project application, the project did not agree to be low barrier per Question 6 on the FY2021 BoSCoC New Project Application Scoring Questions and Questions 14-15 on the FY2021 New Project Application.

**New Application procedure**

**Ranking process:**

Per the Balance of State Continuum of Care Rank and Review Policy:

- The review process will be facilitated by the BHS CoC Program Administrator, who will provide financial records, HMIS data quality reports, CoC meeting participation, and other data as required by the ranking tools and the NOFA.
- Ranking teams will review this document prior to starting their review in order to be consistent in their reviews of applications.
- Reviewers will score applications based on what is in the application, and what is provided by the CoC Program Administrator, not based on their personal knowledge of a program.

The agency requested an appeal based on the fact it was the first attempt at submitting an application for CoC funding. The new project application explicitly stated "Select all that apply. By checking all of the first four boxes, this project will be considered low barriers. If all of these barriers to access will exist, select "None of the above"."

Therefore, the project was not considered "low barrier" and did not meet threshold requirements.

Secondly, any Rapid re-housing (RRH) project emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. The project requested leasing assistance funds, which is not an eligible cost for a RRH project.

Sincerely,

A handwritten signature in black ink, appearing to read "Mel Hatfield", written over a horizontal line.

Melissa Hatfield

Bureau Chief – Bureau of Housing Supports

Balance of State CoC Co-Chair

**NH-500**

**FY21 CoC Program NOFA**

**1E-5a Public Posting Projects Accepted.**

- 1) October 25, 2021 – single e-mail project notifications
- 2) Project list with score and rank
- 3) Screenshot of public posting on October 28, 2021
- 4) Email notifying Project applicants that the project list was available online dated November 1, 2021

**From:** [Hatfield, Melissa](#)  
**Bcc:** [Acri, Jeanne](#); [Alexandra Woodaman \(awoodaman@lrmhc.org\)](#); [Alix Campbell](#); [Amy Finkle \(afinkle@northernhs.org\)](#); ["Ana Pacine"](#); ["Andrea Chrisstoffels"](#); ["Angela Moran"](#); [Angela Webber](#); ["Anna Pousland"](#); ["Anne Marie Dunn"](#); ["Anne Rawson"](#); ["Annemarie Jalbert"](#); [Ashley Gauthier](#); [Ashley Miller \(casemanager@seacoastfamilypromise.org\)](#); ["Beth Daniels"](#); ["Beth Heyward"](#); ["Betsey Andrews-Parker"](#); ["brendonmeatley@veteransinc.org"](#); ["bridgehouseinc@gmail.com"](#); ["C Martin"](#); ["C Meaney"](#); ["c.spitz@crossroadshouse.org"](#); [Caleb Gilbert](#); ["Calvin.Smith@va.gov"](#); ["cameron.ford@headrest.org"](#); ["Cary Gladstone"](#); ["Cathy Bentwood"](#); [Cathy Pellerin \(cpellerin@clphn.org\)](#); [Chertina Walker](#); [Christina Shepard \(Christina.a.shepard@centene.com\)](#); [Cindy Bringham \(cbringham@thewayhomenh.org\)](#); ["clorentz@lacti.org"](#); [Courtemanche, Mai](#); ["Craig Henderson"](#); ["cthomas@bethany.org"](#); ["Cynthialangdon@veteransinc.org"](#); [deborah@free-to-soar.org](#); ["Del Rosso, Donna"](#); ["Denise Bennett"](#); ["Derek Foxwell"](#); [dhaynes@ccfhs.org](#); [Dick; director@bridgesnh.org](#); [director@mcvprevention.org](#); [director@newbeginningsnh.org](#); [Donna Harbison \(donna.harbison@nhhrc.org\)](#); [Donna Marsh \(dmarshcom@comcast.net\)](#); ["DonnaLee Lozeau"](#); [Doug Howard; eAdams@laconiapd.org](#); [Eileen Fernandes \(efernandes@mfs.org\)](#); ["Elissa Margolin \(Elissa@housingactionnh.org\)"](#); [Elizabeth Fourar-Laidi](#); ["Elizabethdimaggio@veteransinc.org"](#); [Ellen Birchander \(Ellen.Birchander@umb.edu\)](#); ["ellen@concordhomeless.org"](#); [Ellie Huot \(HuotE@waypointnh.org\)](#); ["Elliott Berry"](#); ["Emily Reisine \(Emily.Reisine@va.gov\)"](#); ["Eric.harbeck@headrest.org"](#); [Erin Segaloff](#); [Evan Schneider \(e.schneider@harborcarenh.org\)](#); [execdir@belknaphouse.org](#); [execdirector@startingpointnh.org](#); ["flyfisherman.robert@gmail.com"](#); [Freeman \(freemantoth@bm-cap.org\)](#); [Gina Leone \(gleone@amerihealthcaritasnh.com\)](#); [Godbout, Celyne](#); ["gschneider@snhs.org"](#); ["Heather Nelson"](#); [heidmannj@eagles-rest.net](#); [Isaiah 58 \(Isaiah58nh.ray@gmail.com\)](#); ["J Chaisson"](#); ["J MacKay"](#); ["Jane MacKay"](#); ["jcampbell@nhla.org"](#); ["Jeanne Robillard"](#); ["Jeannine Eaton"](#); [Jenni Palkovic](#); ["Jennifer Allie"](#); ["Jennifer Bisson"](#); ["Jennifer.lasalle@wellsense.org"](#); [Jennifer@cccnh.org](#); ["Jenny Connor Belcourt"](#); ["Jessica Capuano"](#); [Jessica Vaughn-Martin](#); [jessicasu@ywcanh.org](#); [Jim Schlosser](#); ["Joe Frappiea"](#); ["johnperson@veteransinc.org"](#); [Joi Smith \(joi@nhcadsv.org\)](#); ["julian.long@rochesternh.net"](#); [Julie Green](#); [Julie Wiggins](#); ["K Letendre"](#); [Karen Riddel \(k.riddel@nhpartnership.org\)](#); [Kathleen Mullin \(kmullin@amerihealthcaritas.com\)](#); [Katie Haley](#); ["Katy M"](#); ["kbates@snhs.org"](#); [kbeebe@havennh.org](#); [Kellie Wszolek \(Kellie.Wszolek@use.salvationarmy.org\)](#); ["Kelly, Erin"](#); ["Ken Beaulieu"](#); ["kgiles@genesishb.org"](#); ["KGrenier@fitnh.org"](#); ["khoward@bm-cap.org"](#); ["klaroche@smhc-nh.org"](#); ["klavigne@bm-cap.org"](#); [Kori Conroy-Hefler \(kconroy-hefler@lrmhc.org\)](#); ["Kris.Frakes@icalliances.org"](#); ["ksiksi10@gmail.com"](#); ["kwilliams@concordnh.gov"](#); ["lancasterm@cfsnh.org"](#); ["larry@helpinghandoutreach.net"](#); ["Lauren Berman"](#); [Lauren McGinley](#); ["lbrown@friendsprogram.org"](#); [Liane Malossi Kerbyson](#); [Lieutenant Brian Perks \(Brian.Perks@USE.SalvationArmy.Org\)](#); [Lightfoot, Madison \(Shaheen\) \(Madison\\_Lightfoot@shaheen.senate.gov\)](#); ["Linda Douglas"](#); [Linebaugh, Marie](#); [Lisa Rowley](#); [Liz Beaulieu \(liz.beaulieu@nhhrc.org\)](#); ["lwamser@nhla.org"](#); [Lynne Goodwin](#); ["M Pendry"](#); ["M Pritchard"](#); [Mackenzie Baney](#); [Major Mike Davis \(mike.davis@use.salvationarmy.org\)](#); [Mandy Lancaster \(lancasterm@waypointnh.org\)](#); [Marie Poole](#); ["Martha"](#); ["mary@thewayhomenh.org"](#); ["Maryse Wirbal"](#); ["Matt Bouchie"](#); [Matt Duclos \(mduclos@tccap.org\)](#); ["mbagshaw@eastersealsnh.org"](#); ["mbilz@eastersealsnh.org"](#); ["mdoyle@genesishb.org"](#); ["meads@gnmhc.org"](#); ["Meg Freeman"](#); [meg@voicesnh.org](#); ["Meghan Morrow Raftery"](#); ["Melany Mondello"](#); [Michael Redmond](#); [Michael Reinke](#); [Michaud, Charleen](#); ["mmortimer \(mmortimer@wadleighlaw.com\)"](#); [Morrow, Michelle](#); [Nancy Egner \(negner@fellowshiphousing.org\)](#); [Nathan Hall](#); ["npaul@friendsprogram.org"](#); ["Olga Cruz"](#); [O'Neill, Alison](#); [Palana Belkin \(Palana.Belkin@nhhrc.org\)](#); ["Pam Small"](#); ["PAM@NHCADSV.org"](#); [Paula Corriveau; peggy.oneil@wiseoftheuppervalley.org](#); ["Peter Kelleher \(p.kelleher@nhpartnership.org\)"](#); [Philip Alexakos \(palexako@manchesternh.gov\)](#); ["pthyng@communitypartnersnh.org"](#); ["pwyzik"](#); [Quinci Worthey \(wortheyq@waypointnh.org\)](#); [Rachel Duffy \(rachel@nhcadsv.org\)](#); ["Ray"](#); ["Raymond Alger"](#); [Robyn Malchanoff; rochesteryr@aol.com](#); ["S Turner"](#); ["Sandra Beaudry"](#); ["Sarah Jones \(sjones@straffordcap.org\)"](#); [Sarah Urquhart \(Tele\)](#); ["scontos@eastersealsnh.org"](#); ["Scott A McNeil"](#); ["scpinsonneault@gmail.com"](#); ["Seno@straffordcap.org"](#); ["sftsnh"](#); ["Sharon LaCount McKane"](#); [Simone.Cote@va.gov](#); ["SMorrison@communitypartnersnh.org"](#); ["sschermerhorn@straffordcap.org"](#); ["starleton@straffordcap.org"](#); [Stephanie Gell \(s.gell@harborcarenh.org\)](#); [Stephanie Higgs](#); [Stephanie Savard](#); ["Steve Arnault"](#); ["Steven Gregoire"](#); ["Sunshine Fisk"](#); ["Susan Ford"](#); [Tabitha Methot \(tmethot@amerihealthcaritasnh.com\)](#); [Tamara Whalen](#); ["Tricia Murphy"](#); ["v.talasazan@nhpartnership.org"](#); [Way Station](#); [Will Arvelo](#); ["William Sherry"](#); [Dahlberg, Stephanie](#); [O'Connor, Betsy](#); [Reagan, Mandy](#); [Schott, Kristiane](#); [Young, Heidi](#)  
**Subject:** FY21 Continuum of Care Projects Accepted & Rejected  
**Date:** Monday, October 25, 2021 12:01:00 PM  
**Attachments:** [FY2021 NH-500 Project Ranking List 10.25.2021.pdf](#)

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FY2021 CoC Program project applicants, and subrecipients, and CoC members,

The NH BoSCoC Ranking Committee met to review, score and rank the submitted FY2021 CoC Program project applications. The NH Balance of State Continuum of Care (NH BoSCoC) FY2021 NH-500 Project Ranking List is attached to this e-mail and represents project that will be submitted as part of NH BoSCoC FY2021 CoC Program Consolidated Application.

The attached document includes a list of accepted projects to be submitted to HUD and it includes the:

- applicant name,

- project name,
- project score,
- project rank, and
- project award amount.

Congratulations to the chosen projects! The NH BoSCoC appreciates your participation in this process and looks forward to working with your agency on these projects. As in previous years, final award and final funding levels is dependent on actual Federal funds availability and awards made to the NH BoSCoC applicants.

**APPEALS:** If you wish to submit an appeal, please notify Kristi Schott by **October 26<sup>th</sup>, 2021 by 4:30pm** at [Kristiane.schott@dhhs.nh.gov](mailto:Kristiane.schott@dhhs.nh.gov)

**Per the NH-500 BoSCoC Program Rank & Review Policy:**

-

**Grievance procedure:**

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

**C. Solo Applicant.** Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in *e-snaps* by the application submission deadline of November 16, 2021 at 8:00 PM EST. See NOFO, link below for additional details on specific steps.

[https://www.hud.gov/sites/dfiles/SPM/documents/FY21\\_Continuum\\_of\\_Care\\_Competition.pdf](https://www.hud.gov/sites/dfiles/SPM/documents/FY21_Continuum_of_Care_Competition.pdf)

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).

4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.
5. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care planning process in a reasonable manner, then HUD may award a grant to the solo applicant when funds next become available and may direct the Continuum of Care to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the award to the Continuum's applicant(s).

Melissa Hatfield, Bureau Chief  
Bureau of Housing Supports  
129 Pleasant St.  
Concord, NH 03301  
P: 603-271-9197  
F: 603-271-5139  
[melissa.l.hatfield@dhhs.nh.gov](mailto:melissa.l.hatfield@dhhs.nh.gov)

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>  
<https://www.facebook.com/NHBHHS/>

Council on Housing Stability website - <https://nhchs.org/>

\*\*Please check out the 2021-2024 Strategic Plan

**ATTENTION:** please visit the [DHHS COVID-19](#) website for the latest COVID-19 information, resources and guidance released for residents, healthcare providers, schools and businesses. Tips and resources to maintain your mental health and information about how to access behavioral health support is also available [at this site](#).

NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	TCCAP PSH II	100	1	\$131,770	
State of NH	CAPSC RRH	99	2	\$230,521	
State of NH	Summer Street Project	87	3	\$47,039	
State of NH	SCS Rapid Re-Housing Program	84	4	\$122,202	
State of NH	McGrath Street Permanent Housing	84	5	\$109,504	
State of NH	SCS Next Steps Permanent Housing Program	83	6	\$224,856	
State of NH	CLM Supportive Housing	81	7	\$764,668	
State of NH	SCS Shelter Plus Care	79	8	\$292,036	
State of NH	TCCAP PSH I Expansion	74	9	\$94,332	
State of NH	FIT Concord Community PSH	72	10	\$224,677	
State of NH	CRH/ CCEH Permanent Supportive Housing Expansion	72	11	\$409,805	
State of NH	Waypoint RRH	71	12	\$205,473	
State of NH	FIT: Dover Permanent Housing	71	13	\$114,722	
State of NH	BMCAP RRH Program	70	14	\$189,436	
State of NH	SCS Permanent Housing Program	70	15	\$174,248	
State of NH	CLM FAMILY HOUSING I	69	16	\$292,405	
State of NH	NHCADSV RRH	66	17	\$262,740	
State of NH	Families in Transition Permanent Housing Program - Concord	66	18	\$70,343	
State of NH	Coordinated Entry DV Project	n/a	19	\$251,355	
State of NH	Homeless Management Information System - Balance of State	n/a	20	\$77,996	
State of NH	NH Coordinated Entry	n/a	21	\$351,403	
			<b>Tier 1</b>	<b>\$4,641,531</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021



NH-500 BOSCOC PROGRAM PROJECT RANKING + SCORES FY2021				Tier 1	\$ 4,641,531
				Tier 2 (CoC Bonus)	\$ 232,077
				Total Projects	\$ 5,472,067
Applicant Name	Project Name	Score	Rank	Amount	
State of NH	NH Coordinated Entry Expansion (new)- BMCAP & SNHS	n/a	22	\$232,077	
			<b>Tier 2</b>	<b>\$232,077</b>	
State of NH	Brigid's House RRH Project (DV Bonus)	57	23	\$188,728	
State of NH	MCHS RRH Project (DV Bonus)	56	24	\$270,485	
State of NH	Planning Grant FY2021	n/a	n/a	\$139,246	
	The following project applications were rejected: Isaiah 58 Purchase of Low Income Housing, Oasis Teen Shelter and Support, CAPSC DV RRH, and TCCAP Burch House.		<b>Total</b>	<b>\$5,283,339</b>	

Footnote: As a Tie Breaker for projects that had the same score, the following tie breakers were utilized (actual percentages):

#1 Housing Stability Achieved

NH -500 RANKING SCORES FY2021

#2 Increased Participants' Earned Income

10.28.2021

NH Bureau of Homeless and Ho... x +

dhhs.nh.gov/dcbcs/bhhs/index.htm

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Message to FY2021 CoC Program project applicants, and subrecipients, and CoC members

The NH BoSCoC Ranking Committee met to review, score and rank the submitted FY2021 CoC Program project applications. The NH Balance of State Continuum of Care (NH BoSCoC) [FY2021 NH-500 Project Ranking List](#) represents project that will be submitted as part of NH BoSCoC FY2021 CoC Program Consolidated Application.

The attached document includes a list of accepted projects to be submitted to HUD and it includes the:

- > applicant name,
- > project name,
- > project score,
- > project rank, and
- > project award amount.

Congratulations to the chosen projects! The NH BoSCoC appreciates your participation in this process and looks forward to working with your agency on these projects. As in previous years, final award and final funding levels is dependent on actual Federal funds availability and awards made to the NH BoSCoC applicants.

APPEALS: If you wish to submit an appeal, please notify Kristi Schott by October 26th, 2021 by 4:30pm at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov)

Per the NH-500 BoSCoC Program Rank & Review Policy:

Grievance procedure:

If an applicant disagrees with their score, or placement on the ranking list, they may express their grievance in writing to the CoC Program Administrator within one business day of the list being published/distributed. The BoSCoC Executive Committee will hold an emergency conference call to discuss the grievance, and to make a final decision. The applicant will be notified of the Executive Committee's decision in writing by the CoC Program Administrator within one business day of the meeting.

Additionally, per the FY 2021 CoC Program Competition NOFA, page 87 states the following:

C. Solo Applicant. Per the Act, "A solo applicant may submit an application to the Secretary for a grant under subsection (a) and be awarded such grant on the same basis as such grants are awarded to other applicants based on the criteria described in section 427, but only if the Secretary determines that the solo applicant has attempted to participate in the continuum of care process but was not permitted to participate in a reasonable manner. The Secretary may award such grants directly to such applicants in a manner determined to be appropriate by the Secretary." To apply as a solo applicant, the project applicant must submit a Solo Applicant Project Application in e-snaps by the application submission deadline of November 16, 2021 at 8:00 PM EST. See HUD's [Notice of Funding Opportunity](#) for additional details on specific steps.

Additionally, the solo applicant, Collaborative Applicant, and HUD must take the following steps (See 24 CFR 578.35 for more information):

1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all

BoSCoC Coordinated Entry System (CES)

Sentinel Event Reporting

Contact Homeless & Housing Services

Related Resources

Homeless & Housing Rules

HUD

National Alliance to End Homelessness

NH Coalition to End Homelessness

NH Housing Authority

SAMHSA

CDC Ban on Evictions

NH Housing Relief Program

COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service

Emergency Solutions Grant- CV Public Posting

49°F Cloudy

3:04 PM 10/28/2021

NH Bureau of Homeless and Ho... x

dhhs.nh.gov/dcbcs/bhhs/index.htm

Apps News Imported From IE TimesheetPLUS Policies - Connectic... Dashboard BET Brainstorming Tem... Southern-Nevada-P...

Reading list

COVID-19 Infection Control Inventory and Planning (ICIP) Tool for Homeless Service

Emergency Solutions Grant-CV Public Posting

Congratulations to the chosen projects! The NH BoSCoC appreciates your participation in this process and looks forward to working with your agency on these projects. As in previous years, final award and final funding levels is dependent on actual Federal funds availability and awards made to the NH BoSCoC applicants.

APPEALS: If you wish to submit an appeal, please notify Kristi Schott by October 26th, 2021 by 4:30pm at [Kristiane.Schott@dhhs.nh.gov](mailto:Kristiane.Schott@dhhs.nh.gov)

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**Grievance procedure:**  
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1. Written Notice of Intent to Appeal. The solo applicant must submit a written notice of intent to appeal, with a copy to the CoC, with their funding application.
2. No later than 30 days after the date that HUD announces the awards, the solo applicant shall submit in writing, with a copy to the Collaborative Applicant, all relevant evidence supporting its claim. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
3. The CoC shall have 30 days from the date of its receipt of the solo applicant's evidence to respond to HUD in writing, with a copy to the solo applicant. The submission shall be emailed to [snapsappeals@hud.gov](mailto:snapsappeals@hud.gov).
4. HUD will notify the solo applicant and the CoC of its decision within 60 days of receipt of the CoC's response.
5. If HUD finds that the solo applicant was not permitted to participate in the Continuum of Care planning process in a reasonable manner, then HUD may award a grant to the solo applicant when funds next become available and may direct the Continuum of Care to take remedial steps to ensure reasonable participation in the future. HUD may also reduce the award to the Continuum's applicant(s).

**September 3, 2021**  
The NH-500 Balance of State Continuum of Care (BoSCoC) is seeking new and renewal project applications for the FY21 Continuum of Care Program competition.

49°F Cloudy 3:05 PM 10/28/2021

**From:** [Hatfield, Melissa](#)  
**Bcc:** [Auri, Jeanne](#); [Alexandra Woodaman](#) ([awoodaman@lrmhc.org](mailto:awoodaman@lrmhc.org)); [Alix Campbell](#); [Amy Finkle](#) ([afinkle@northernhs.org](mailto:afinkle@northernhs.org)); ["Ana Pacine"](#); ["Andrea Chrisstoffels"](#); ["Angela Moran"](#); [Angela Webber](#); ["Anna Pousland"](#); ["Anne Marie Dunn"](#); ["Anne Rawson"](#); ["Annemarie Jalbert"](#); [Ashley Gauthier](#); [Ashley Miller](#) ([casemanager@seacoastfamilypromise.org](mailto:casemanager@seacoastfamilypromise.org)); ["Beth Daniels"](#); ["Beth Heyward"](#); ["Betsey Andrews-Parker"](#); ["brendonmeatley@veteransinc.org"](#); ["bridgehouseinc@gmail.com"](#); ["C Martin"](#); ["C Meaney"](#); ["c.spitz@crossroadshouse.org"](#); [Caleb Gilbert](#); ["Calvin.Smith@va.gov"](#); ["cameron.ford@headrest.org"](#); ["Cary Gladstone"](#); ["Cathy Bentwood"](#); [Cathy Pellerin](#) ([cpellerin@clphn.org](mailto:cpellerin@clphn.org)); [Chertina Walker](#); [Christina Shepard](#) ([Christina.a.shepard@centene.com](mailto:Christina.a.shepard@centene.com)); 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[Tamara Whalen](#); ["Tricia Murphy"](#); ["v.talasazan@nhpartnership.org"](#); [Way Station](#); [Will Arvelo](#); ["William Sherry"](#); [Dahlberg, Stephanie](#); [O'Connor, Betsy](#); [Reagan, Mandy](#); [Schott, Kristiane](#); [Young, Heidi](#)  
**Subject:** New and Renewal Project Listing publicly available  
**Date:** Monday, November 1, 2021 2:12:00 PM

Good afternoon BOSCO,

Please be advised that the final New and Renewal Project Listing for the Balance of State Continuum of Care is publicly available at the link below. The chart available at this link was updated on 10/28/21, and matches the email notification that was sent out on 10/28/21.

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>

Melissa Hatfield, Bureau Chief  
Bureau of Housing Supports  
129 Pleasant St.

Concord, NH 03301  
P: 603-271-9197  
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[melissa.l.hatfield@dhhs.nh.gov](mailto:melissa.l.hatfield@dhhs.nh.gov)

<https://www.dhhs.nh.gov/dcbcs/bhhs/index.htm>  
<https://www.facebook.com/NHBHHS/>

Council on Housing Stability website - <https://nhchs.org/>  
\*\*Please check out the 2021-2024 Strategic Plan

**ATTENTION:** please visit the [DHHS COVID-19](#) website for the latest COVID-19 information, resources and guidance released for residents, healthcare providers, schools and businesses. Tips and resources to maintain your mental health and information about how to access behavioral health support is also available [at this site](#).

## Memorandum of Understanding 2022

This Memorandum of Understanding is entered into between Merrimack County to provide in kind services through the use of County America Rescue Plan Act Funds, which has been made available to the project, MCHS Rapid Rehousing RRH Project, under the following terms and conditions.

Merrimack County, will provide otherwise non-obligated rental assistance funds to support one (1) two bedroom unit and two (2) one bedroom units, supporting participants for the grant term of the following CoC project as part of the HUD CoC NOFA, through the agency's internal unconditional commitment between Merrimack County Human Services and the Merrimack County ARPA Funds. Merrimack County will implement vouchers provided through the American Rescue Plan of 2021. The two departments have worked together to ensure that ARPA Funds are made available to the Merrimack County Human Services RRH Project to ensure that participants' within the project to have positive housing outcomes through a Housing First approach throughout the length of the grant term.

Project Name: MCHS RRH Project

Grant Number: TBD

HUD Grant Term: Tentatively September 1, 2022-August 31, 2023

Merrimack County Human Services works with the Vulnerable Populations in Merrimack County providing support, services and referrals to ensure successful independence in the community. Through the financial and administrative support of Merrimack County, Merrimack County Human Services works with all departments to identify gaps in services, needs of the community and ways to address those needs and support the residents. Through recent ARPA funds, Merrimack County is looking to support those with Housing and Housing Navigation, as noted in the focus areas of ARPA. These two departments are working collaboratively to utilize these funds to support the greatest needs of our community, long term stable housing.

### ***Introduction***

Merrimack County Human Services has applied for Funds from the Federal Government in order to obtain and maintain stable housing for those experiencing homelessness. Based upon each individual program criteria, the parties of this Memorandum of Understanding agree:

Recipient (Bureau of Housing Supports) Responsibilities and Requirements:

1. The recipient will ensure that the value of any real property, equipment, goods, or funds being contributed to the project as housing assistance, provided that if the subrecipient agency would have to pay for them with grant funds, the costs would

have been eligible under 24 CFR 578, Subpart D.

2. The recipient will ensure that the subrecipient agency keeps records documenting the housing assistance provided. These records will be available for inspection.

Recipient Point of Contact:

Kristi Schott, Coe Program Administrator II

**603-271-9194**

[Kristiane.Scott@dhhs.nh.gov](mailto:Kristiane.Scott@dhhs.nh.gov)

Merrimack County Human Services:

1. Provide written notification to the service provider that the mutual client is participating in the MCHS RRH Project.
2. Provide the housing provider with an accepted Release of Information form.
3. Follow generally accepted guidelines pertaining to storage and transmittal of protected health information.
4. Keep records of funding provided for vouchers through the American Rescue Plan of 2021, which will be available for inspection.
5. Timeliness standards of subrecipient for service provider's services to participants

Service Provider: Merrimack County Contact: Johanna Houman, Grants

Manager. (603) 796-6800

Bullet out specific in-kind services being provided, the hourly cost of each service, and the role of each agency, including time frame for services

- )" Description of Services to Be Provided- Merrimack County Human Services will provide housing subsidies for 3 units for the MCHS RRH Project
  - Point-in-time number of clients receiving service: 3 households, approx. 4 people
  - Total clients receiving service over grant term: Approx. 4 people
  - Fair Market Rent for units: \$916 (per month) for 2 one bedrooms, and \$1186 (per month) for 1 two bedrooms.
  - Merrimack County will follow current federally accepted guidelines for documenting funds expended for each grant purpose. This will include separate accounting lines for each budget area, maintaining all documentation, and availability of this information, as needed by the Grant Agency.
- )" All lease agreements will be filed with Merrimack County Administration, and necessary payments will be monitored in a timely fashion by Merrimack County Finance Department.

- Merrimack County Finance Contact -Aaron Turner, Assistant Finance Director, (603) 796-6800
- Merrimack County Grant Contact -Johanna Houman, Grants Manager, (603) 796-6800
- 

#### Signatories

This internal commitment for Grant# (TBD), covering the time period of (9.1.2022-8.31.2023) is executed by the following authorized individuals.

 10/29/21

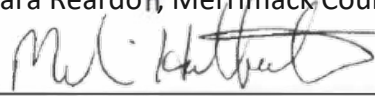
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Name and Signature Date  
Johanna Houman, Merrimack County Grants Manager

 10/26/2021

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Name and Signature Date  
Merrimack County  
Tara Reardon, Merrimack County Commissioner, Chair

 10.29.2021

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Name and Signature Date  
BOSCOC Collaborative Applicant

 10.29.2021

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Name and Signature Date  
COC Administrator